

Balto., Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH-16 30M 2/80

(VRA 15.4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 HRS

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IF UNDER I YEAR

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COUNTY

22c. DATE

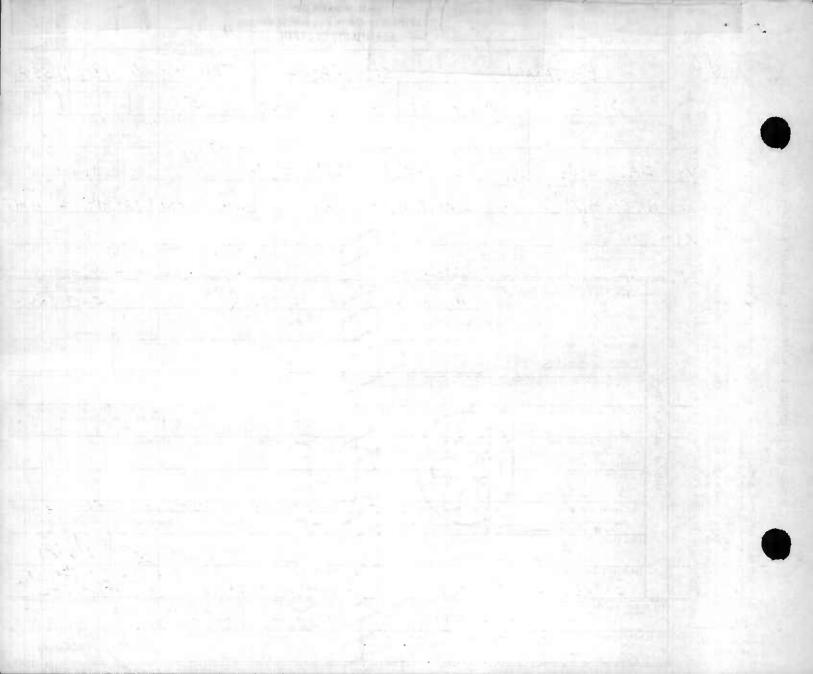
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	9 BALTIMORE CITY OR COUNTY OF	NEVER MARRIED XX		SUNTRY)	700	N	
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RG 21208	JULIUS ASTLVERBERG T., APT. 3B #21	17 INFORMANT MR.	DRCES? 166 SOCIAL SECURITY NO.	VAS DECEASED EVER IN U.S. ARMED (ES, NO OR UNKNOWN) (IF YES, GIVE WAR YES WWII —		1	Poger
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COUNTY STA	CITY OR TOWN	21f. LOCATION STREET	B. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	MEDICAL	/	h and Me
9, that (word from the causes stated) 22c. DATE SIGNED	eath occurred an the date and hour on	, , ,	TAN. 6 19 81,0	220.1 certify that (this hospital)			pt. of Healt
1/6/81 2101 CENTR	MEDICAL STAFF DIRECTOR PHYSICIAN	ATTENDING PHYSICIAN 22e ADDRESS		22d. PHYSICIAN'S NAME (TYPE OR PRIN	П	-	be detact a State De FANT, if h
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TOWN BALTO MARYLA	23d LOCATION RANDALLST				23a. BI		
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ay be age 3 death		RU	TH				IMMONS		JANUAR		1981	12:55 m
4 me	3 SE	FEMALE	4	RACE WHIT	TE .	S DATE C	F BIRTH 3. 20°,	1900	6 AGE IIN YEARS LAST BIR 80	YRS.	MONTHS DAYS	IF UNDER 24 HRS
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requires that the desired from the signed by the mending physic en please reminence to burial, creminion, or remove tipjury, or other transmiss.	7	PART I. DEATH WAS IM Conditions, if ony, we gove rise to immediatelying cause PART 2 OTHER SIGNIF	CAUSED B MEDIATE C thich lipte the last.	DUE TO, O	CU R AS A CONSEQUE R AS A CONSEQUE	NCE OF	A S C			IDITION GIV	14	
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After this as the burial th and Mermarked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK)	ZIO PLACE			211 LOCAT STREET	ION	CITY OR TO	wn	COUNTY	STATE
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BP		JURIAL, CREMATION, RESPECTIVE BURIA	MOVAL	23b. DATE	23c h		EMETERY OR	CREMATORY	23d. LOCATION CITY OR FOWN HYATTS\	/ILLE.	COUNTY PR.GE	O. CO. MI
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	NAME 6010 RETST		EVINSO	V & BROS.		2121	JA	N 2 1 1981	25b. REG	A STATE OF THE STA	Brendy

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	3. SEX	emale	4 RACE Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
ce.	.70. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	(? 8.	BALTIMORE CITY O	R COUNTY OF DEATH
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39	3	Altimore	Provident H	ING HOME OR OTHER INSTITUTION ET ADDRESS)	124 USUAL OCCUPATI	
Ny be	130. 3	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 138. CITY OR TO Balto.	WN 136 INSIDE CITY LIMI	TS? 134 STREET ADDRESS	lar Grove St.
ner		THER'S NAME	pario.	YES NO [N NAME	ial Glove St.
Sex S	FI	ander	Single to		WIDDLE	LAST
medical	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 2 13-54		s Singleton	ss 1423 Poplar Grove
t, the r		18 CAUSE OF DEATH (Enter on	aly one couse per line for (a). (b),		3 31119,01011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event		PART I. DEATH WAS CAUSE IMMEDIAT	DBY: Respira	by trust		With the second
notic		4360	DUE TO, OR AS A CONSEO	UENCE OF		
traur	-	Conditions, if any, which gove rise to immediate	(1b) CVA			
other		cause (01, stating the underlying cause lost	DUE TO, OR AS A CONSEO	UENCE OF		
/, or c		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CONL	DITION CIVEN IN PART 1(=)
injury	NO O	Epiderma	l necrolates	DEATH OF THE RELATED TO THE	TERMINAL DISEASE OR COIN	STITION GIVEN IN PART 1187
ony	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
Shows 1	RTIFI	nore			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
8 CY		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
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21		sow the degeosed olive on obove. (I) (we) (did) (did no	1) view the body ofter death.	el, and that in (my) (our) op	inion death occurred on the do	te and hour and from the causes stated
If hem		22b. SIGMATURE	Pn	DEGREE		22c. DATE SIGNED
==		Lucle A.	Lock	M. D. ATTENDI		
RTANT: H		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS	1 11	
IMPORTANT		Linda A. Le			orly Heights Ave.	Port, Rd.
100	23a. B	URIAL, CREMATION, REMOVAL PECIFY)	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	ORY 236 LOCATION CITY OF TOWN	COUNTY TO A STATE
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(VRA 15, 4)

Anatomy Board

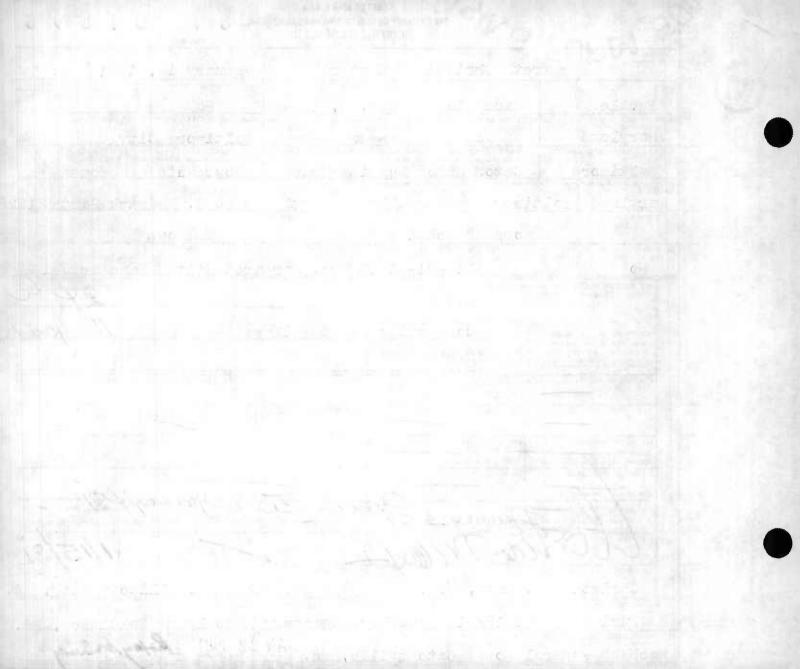
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



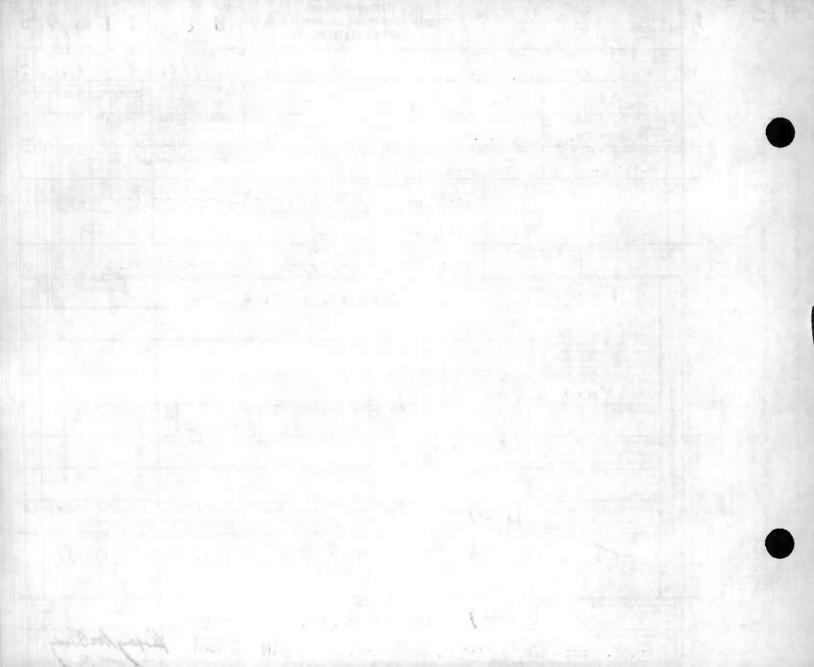
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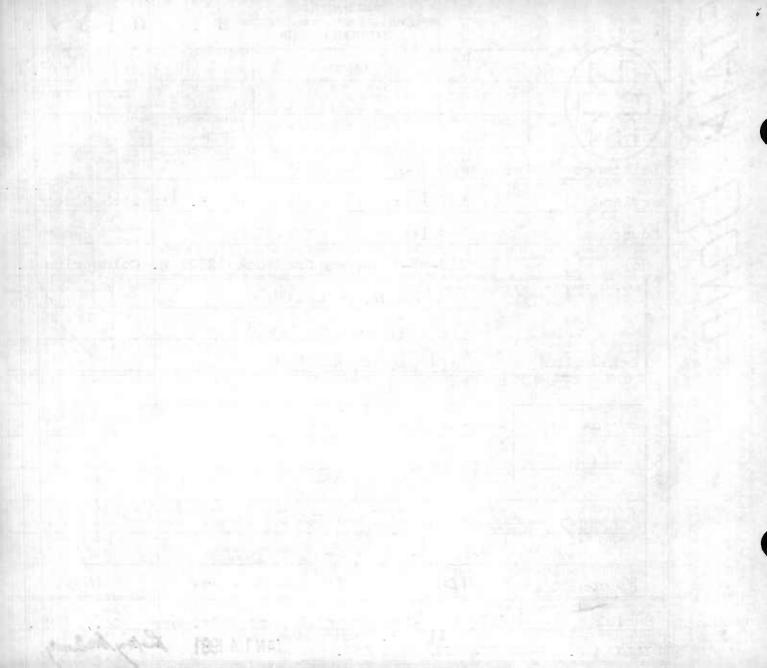
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧏 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) HARRY 13 12. ■ SF X 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 98 BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA RALTIMORE CIT Maryland DIVORCED X WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Apt. 2E. 633 N. Aisquith Street Baltimore 13d INSIDE CITY LIMITS? Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Smith Ida Bundy Edward ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-07-1316 Ada Craddock 2621 W. Coldspring L. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for 10 b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Canditions, if any, which gove fise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last erioscleri 0 ă PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d ō CERTIFICATION a 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? GANGRENG OF -05-NOX YES TO NOF 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 26 220.1 certify that (1) this haspital) attended the deceased from. saw the deceased alive an abave. (I) (we (did) (did not view the bady after death and that in (my) aur) apinion death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFE = be deta e State DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 224. PHYSICIAN'S NAME (TIPE OF TOP) 22e ADDRESS ld b ASIBURTON AUG shoul 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE /15/81 King Memorial Park Baltimore Burial MD. Co. North Aves DATE REC'D 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 WILLIAM C. MARCH FUNERAL HOME INC. (VR A 15 (4))



FOR STATE REGISTRAR		MARYLAND H AND MENTAL HYGIEN CERTIFICATE OF DEA	BH I O	1700
1. DECEASED NAME (TYPE OR PRINT) John	MIDDLE Smit	n, Sr	OF ESTI-	1 23 181
male black	S. DATE OF BIRTH MONTH 3 21 6. AGE (IN YEARS IF U MON		PRONOUNCED DEAD 1	23 19 81 1:3°
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	16. CITIZEN OF WHAT COUNTRY? U.S.A. WIDO	RIED NEVER MARRIED WED DIVORCED	9. BALTIMORE CITY OR C Baltimor	OUNTY OF DEATH PM
Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hospital	HER INSTITUTION 12a USI	UAL OCCUPATION (TYPE OF V MOST OF WORKING LIFE) • Repairman	WORK 126 KIND OF BUSINESS OR INDUSTRY Same
USUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE 136. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore		REET ADDRESS	
	ashington Smith	15 MOTHER'S MAIDEN NAME Mary	MIDDLE	LAST
160. WAS DECEASED EVER IN U.S. AR. (YES, NO, OR UNKNOWN) YES (IF YES, GIVE 7-27-	WAR OR DATES)	Eva Banks 172	ADDRESS 4 McKean Ave.	
Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last. PART 2 DTMER SIGNIFICANT CONDITIONS	(b)		disease	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING AUSE OF I	DEATH P.M. 19 210 PLACE OF INJURY (AT HOME 21). LC	OCATION STREET	NATURE OF INJURY IN ITEM 18 PART	ORPART 2)
22a I certify that I took charg	Hormez R. Guard, M.D. 236. DATE 1-28-81 Auto obove, held on Auto optical particular and Auto optical particular	Homicide Under TITLE (SPECIFY) A.D. Assistant MED ADDRESS 111 Pen	ermined monner .	DATE 1/24/81 SIGNED 1/24/81 CO.,MD 21201 COUNTY Marylatid
24 FUNERAL DIRECTOR	aity F./H. 1206 W. North	· 25e. DATE REC'D. BY	REGISTRAR 256. BEGISTRA	

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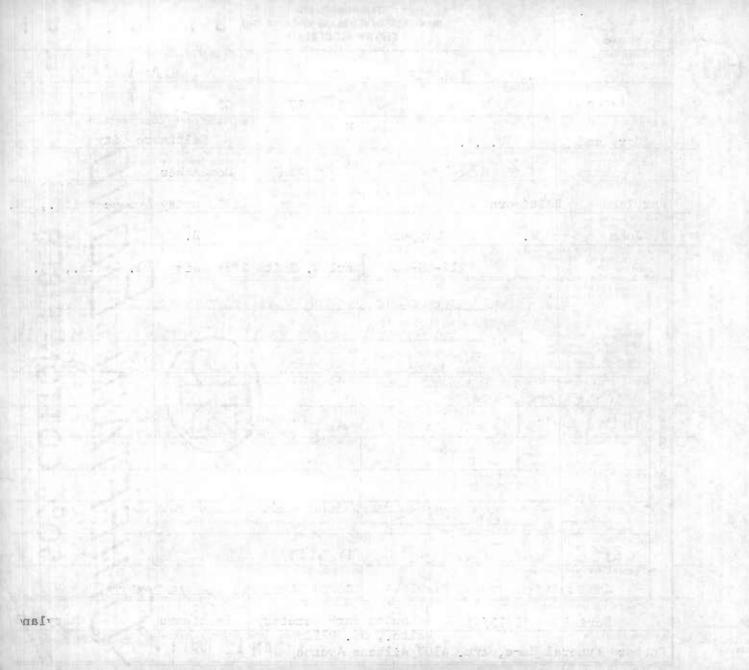
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.		
		CEASED NAME	FIRST	A	MIDDLE		AST		2a. DATE OF D	EATH MONTH	DAY YEAR	2h HOUR
1	TTYPE	OR PRINT)	ISABEL	T.	DELORE	c (SMTTH	14		VOAL	10181	25
	1.SEX		And a second	RACE	DELOKE	5. DATE C			6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 MRS
	a SL/	Female			i+0	ZONTH Z	3 DAY	1 7 AR		S ENGT BIRTY BATTY	MONTHS DAYS	HOURS MIN,
					ite		3	1/	63	YRS.		
1		RTHPLACE (STATE OF	R FOREIGN 7	. CITIZEN OF	WHAT COUNTR	MARRIE	D A NEVER	MARRIED -	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
0		Maryland		U.S.	Α.	WIDOWE	D 0	NORCED	B	altimore	City	MD.
,	10. CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NUR		OR OTHER IN	NOITUTITE	120 USUAL OC			F BUSINESS OR
3	-	Balto		(IF NOT IN SUC	H FACILITY, GIVE STR	D , GEV	7.1.4	OSP.		or most of working i maker	LIFE) INDUSTRY	
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1		ryland	Balt:		13c. CITY OR TO	NWC			13e. STREET AD	Daisy Av		
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30	11.17	FIRST		DDLE	LAST			FIRST		MIDDLE	LAS	
M		John	W.		Top			la		В.		Badger
7	16a W	VAS DECEASED EVEL		ED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORM			ADDRESS	212	
1		NO OR UNKNOWN)			212-05	-0049	Earl (C. Smith	2729 D	aisy Ave	. Balto.	., Md.
		18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b),	and (c).					APPROX	MATE INTERVAL ONSET AND DEATH
	10.0	PART I. DEATH	WAS CAUSED	BY:	oroh	alda	asla	nnan	, Pm	mlism	mir	211405
		U. NI	IMMEDIATE				10111		1	CDVCII		10 103
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				(c)	<u>a</u>	te uc	200	10116	1000	TO MAIL	<u> </u>	2000
	7	PART 2 OTHER SIG	ENIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE C	OR CONDITION GI	IVEN IN PART 10	0 1
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7	CERTIFICAT	190 DATE OF ORER	1	196 CONDI	ITION FOR WHI	CH OPERATIO	N WAS PERF	Pacema	K 200 AUTOPS		ES, WERE FINDIN IFYING CAUSES	
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7	A	OR CONTRIBUTING		HOUR A.	M. MONTH	DAT TEAR	Super T					
ž.	MEDICAL	21d. INJURY OCCUP		21e. PLACE O	OF INJURY		211. LOCAT					
	ME	WHILE NOT W	VHII E	(AT HOME, STR	REET, FACTORY, OFFIC	CE FARM, ETC)	STRE	ī		CITY OR TOWN	COUNTY	STATE
		220. I certify that (I) (this haspital) attended the deceased from NOV. No. 19 80, to Jan. 10, 19 80, that (I) (we) lost										
		sow the decea		JAN				(nur) opinion o	denth occurred	on the date and ha		that (I) (we) last
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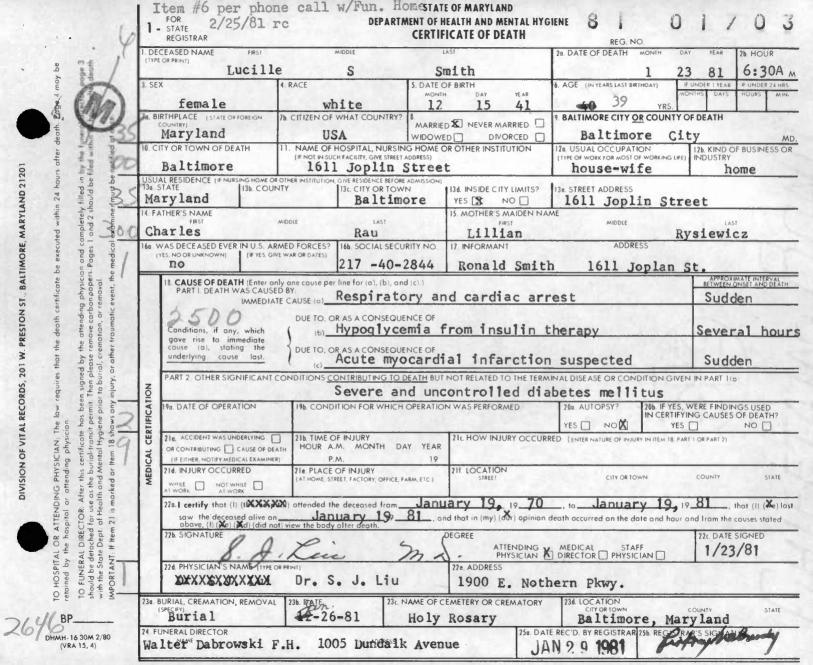
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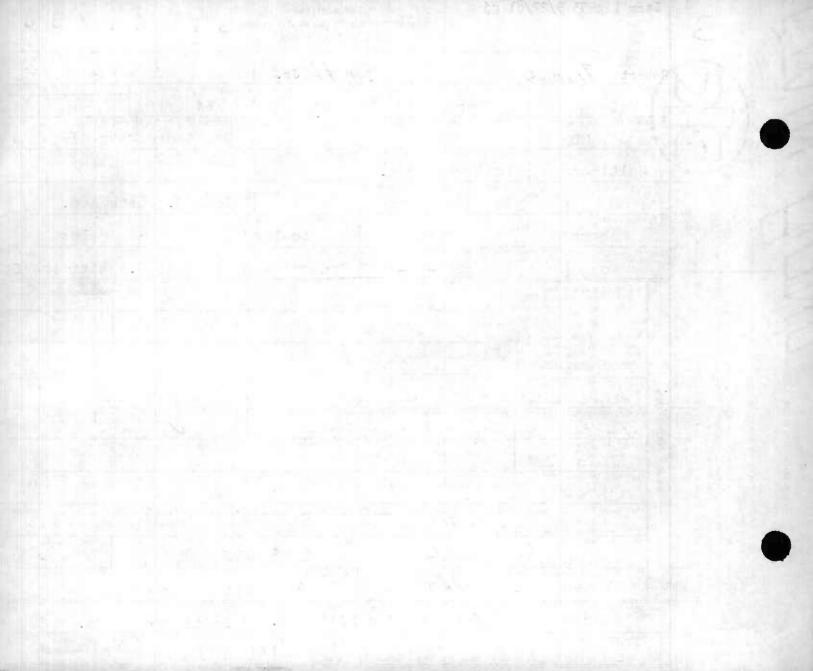
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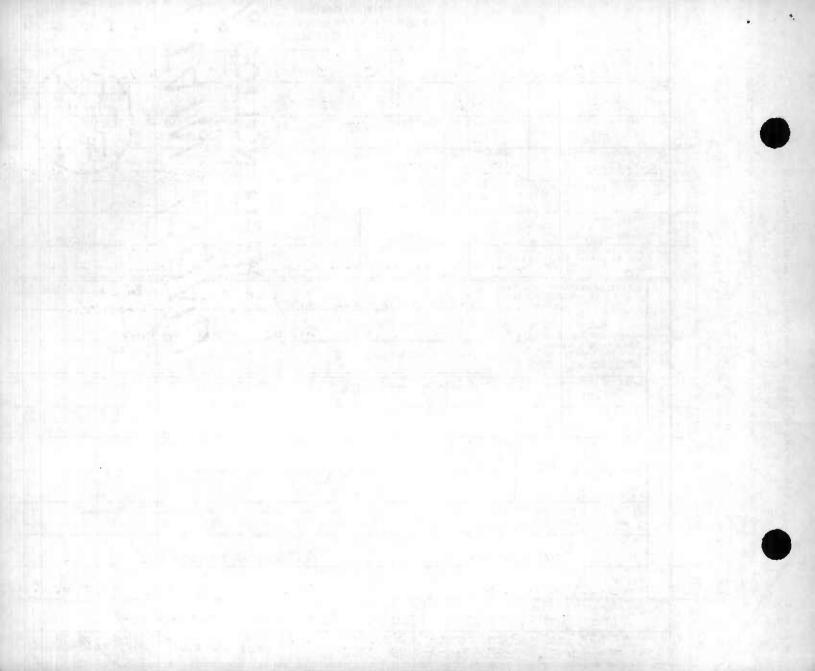
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	death. Pe	bk	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)		SA MARRI		Baltimore City or Coun	
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3	by th			cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	choprem	ni	
201	gned in plec			PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (SIVEN IN PART 1(a)
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AL R	The con.	X	RTIF	1/16/81	Corcin		theoris	YES NO D	YES NO
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	SO THE PARTY OF TH			226 SIGNATURE	ele alleon	une	DEGREE	MEDICAL STAFF	771: DATE SIGNED
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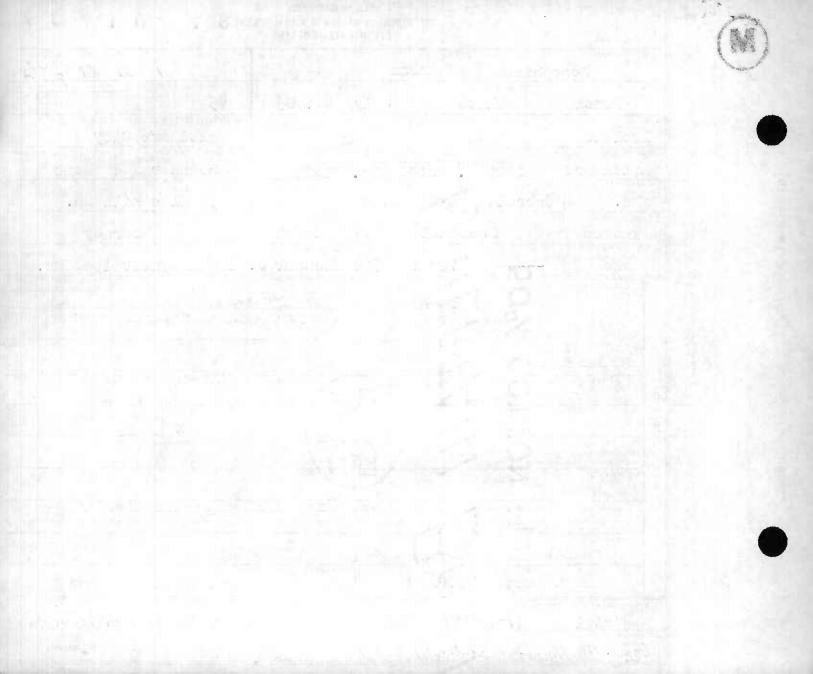
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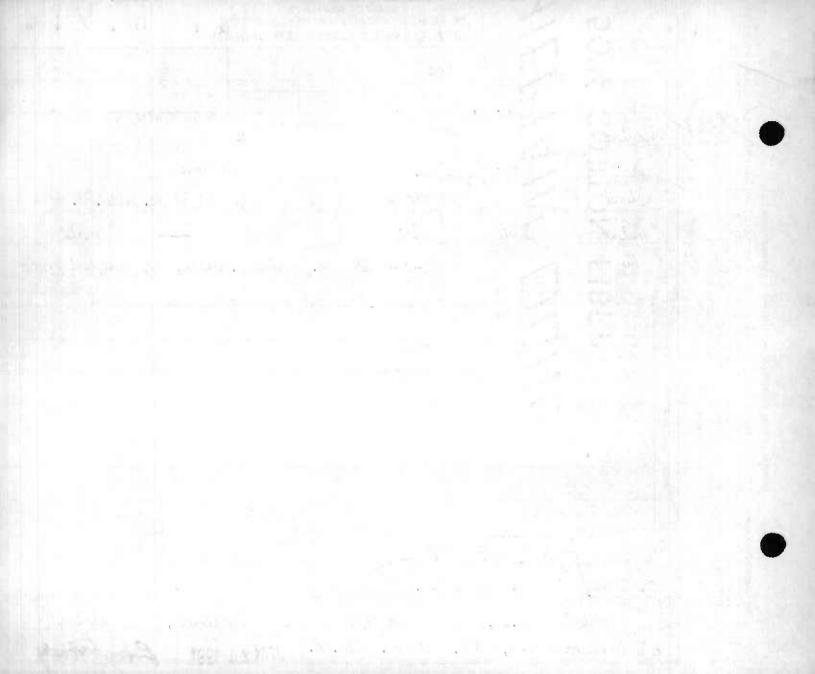
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hour			IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
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d de serie	35	USÜ 13a	AL RESIDENCE (IF NURSING HOME COL STATE 138 COL Md. Cal	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREEL ADDRESS	ee Mil	ll Rd	
000		14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
0	60		Thomas	McDo	onald		Sarah			rney	
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prior to burial, cremation, or r		CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT 190. DATE OF OPERATION	conditions con	ri co	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CON Les 21 200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
Item 18 show	9	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	P.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCURI	YES NO	YES RY IN ITEM 18, PAR		NO 🗌
re poly		MED	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF (AT HOME, STREET,	FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
m 21 is mg			220 1 certify that (I) (this hose sow the deceased alive a obove, H) (we) (did) (did-	1-21	195		d that in (may) (our) apinion	deoth occurred on the d	ote and hour c	and from the	
NT. If the			22b. SIGNATURE	-lel	Doger	n	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [1-2	SIGNED
with the State			Laurence R. Ga	allager, M			3455 Wilken		o. Md.	21229	
		(BURIAL, CREMATION, REMOVA SPECIFY, BUrial	1-24-8	31 G1	te of	Heaves Cenek	23d. LOCATION CITY OF TOWN	the Wi	ounty stches	ier NY
M 1/76 4))		24. F	Any W. How	H Sylo	ADDRESS	Ma	JAN	26 1981	25h REGISTRA		URE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (X) DAY 2h HOUR LIYPE OR PRINTI OF ESTI-Lee SANDRA SMYTH DEATH MATED 81 6 19 SEX A RACE 5 DATE OF BIRTH A AGE (IN YEARS | IF LINDER 1 YR IE UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 3:56 Jane DEAD female. white 16 19 81 D M 9. BALTIMORE CITY OR COUNTY OF DEATH RIRTHPLACE (STATE OF MARRIED NEVER MARRIED OREIGN COUNTRY DIVORCED Baltimore City laruland WIDOWED ID CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Unknown 906 Light St. Baltimore 906 Light St. Balto. Md. 130 STATE land 113h COUNTY Daltimone 13d. INSIDE CITY LIMITS? USED AS A BURRAL - TRANSIT PERMIT, PAGES I AND 2 SI OF HEAITH AND MENTAL HYGIENE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE AMIDDLE Annold Martin Mabel Javid Nelson GIVE PAGES 17 INFORMANI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES E. Martin, 1809 Westphal Place Mr. (harles CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBLE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQK TO BURIAL, YES [] NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YFAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry Homicide Undetermined manner death resulted from: Natural couses TITLE (SPECIFY) ACTUAL DATE 1-17-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE edar Hi emeteru 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE Id ully Funeral Home. 1305. Fort Ave. Balto. Md. DHMH-17 (VR A15 ME (5)) 15M 2/80



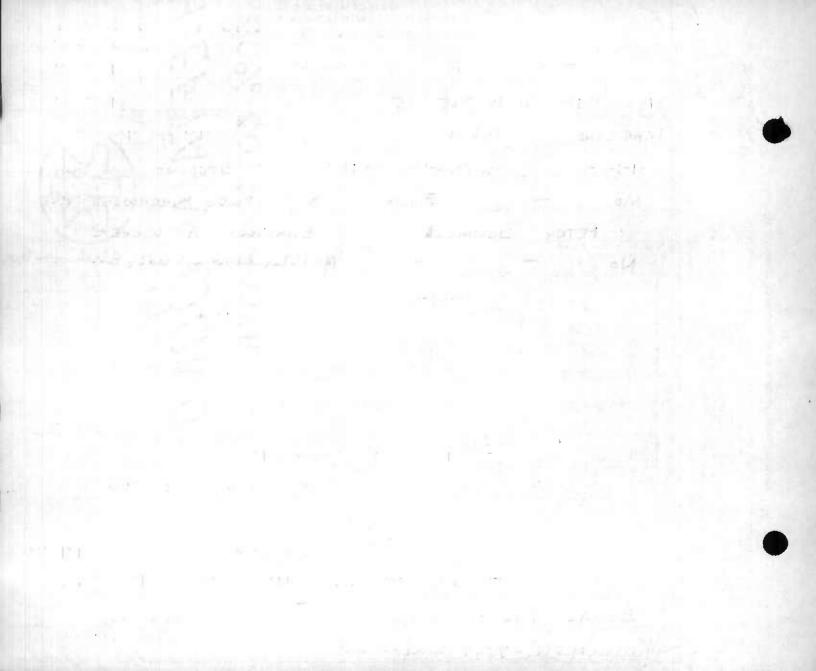
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1 11 17	10 CI	TY OR TOWN OF DEATH		HOSPITAL, N	URSING HOME	OR OTHER INSTITUTIO		USUAL OCCUPATION		O OF BUSINESS OR
5 1 17 40	B	altimore	6001	SAMI	anitan	HOSPITA		Clothing		tired
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and control		AS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT		1222 Parcle	ee Road	
BALTIMORE, MARYLAND 2 one he executed within 24 h vision and campletoly lifted open-Pages 1 and 2 should be of.	()	(IF YES, (SIVE WAR OR DATES	212-3	2-1916	John Mars	siglia	Finksburg,	Md. 210	048
# 05 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter	only one couse pe	er line for (a), (b), and (c).)	,		1		OXIMATE INTERVAL EN ONSET AND DEATH
1 4 4 9 9 9		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Caro	hones	Linoton	y on	17157		
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the a		gove rise to immediate couse (a), stating the	DUETO	OR AS A CON	SEQUENCE OF	(1.		4-12
by the ose rei		underlying couse lost.	(c)		0.001.101.01			- tron		
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cent r oftending physician. Wher this certificate has been signed by the attending to st the buriol-trons it permit. Then please remove contain the and Mental Hygiene prior to buriol, cremotion, as the orked or them 18 shows any injury, or other traumatic		PART 2. OTHER SIGNIFICAN	T CONDITIONS (CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO TH	E TERMINA	AL DISEASE OR CONDITION	GIVEN IN PART	1(0)
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eco aw prio	CAI	190 DATE OF OPERATION	196 CONI	DITION FOR W	HICH OPERATIO	N WAS PERFORMED			YES, WERE FIN	DINGS USED SES OF DEATH?
ALRI in he to in hos it per iene	TIF	Action Laboratory						YES NO	YES [NO 🗌
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TTE prito CTO for aft to aft t		sow the deceased alive above, (I) (we) (did) (did	not) view the bod	ly ofter death.	19	nd that in (my) (aur) a	pinion deo	th occurred on the date and	hour and from t	he couses stated
OR A PORCHED IRECT		226 SIGNATURE	(= 13.71	DEGREE		UEDICAL CTASE	22c. DA	ATE SIGNED
by the by the ERAL DE Getace detace detaces		Ato- lung	110	unepp	~			MEDICAL STAFF DIRECTOR PHYSICIAN	01	103/8/
SPIT d b) INER I be of		22d. PHYSICIAN'S NAME	E OR PRINT)	0		22e ADDRESS	0	0 10	10 6	1 1
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0 5 5 8 3 X		BURIAL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR CREMA	TORY	23d. LOCATION	COUNTY	STATE
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(VRA 15, 4)	10	30 Edmondson	Ave Cat	consvil	le, Md.	21228	JAN	6 1301	1	

Total of the Common Party of the Common Party

8	FOR STATE REGISTRAR			NT OF HEALTH AND CERTIFICATE OF		REG. N	o. U 1	/	1 3
eoth section	1. DECEASED NAME (TYPE OR PRINT) HO	FIRST MIDE WARD P	DLE	SOMERS		2e. DATE OF DEATH	01 30		:30P
ge 4 moy	3. SEX Male	4 RACE	/ hite	DATE OF BIRTH	09	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		UNDER 24 HRS
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AND 212	Maryland		c CITY OR TOWN Catonsvi	Lle YES	Хои	13e STREET ADDRESS 45 Delrey	Avenue	21228	
MARYL pempletaly over 2 w	14 FATHER'S NAME Julian	MIDDLE C •	Somers	3 ('S MAIDEN NAM Goldie	WIDDLE	Porte	r P	
MORE, mond of Poges of Poges	1	(IF YES, GIVE WAR OR DATES)	SOCIAL SECURIT			ADDRE			
LTIM	18 CAUSE OF DEATH	Enter only one couse per links CAUSED BY.	12-03-572		noward P	. Somers,	42 DeTLe		TE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours referred physician. The low seen signed by the ottending physician and compitally fill at in the ost the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 about the not Americal Hygiene prior to buriol, cremotion, or removal. The control of the seen signed by the ottending physician and 2 and 2 about the intervention of the seed of the second property of the second paper.	Conditions, if ony, gove rise to immune couse io), stoting underlying couse PART 2 OFHER SIGNI 19a. DATE OF OPERATI	PICANT CONDITIONS CON	eum		Mper	Ro.	DITION GIVEN IN 20b. IF YES, WE IN CERTIFYING YES T	RE FINDING CAUSES OF	S USED F DEATH? NO □
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	230. BURIAL, CREMATION, R (SPECIFY) Burial	2/3/81 23b. DATE		ME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUN		STATE
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DHMH - 16 50M 1/76 (VR A 15 (4))		ral Home of C				2 1981	This fay,	mebra	y

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te be execuicion and copers. Pages	- ((IF YES, GIVE NO 18. CAUSE OF DEATH (Enter on	E WAR OR DATES)	(h) and (c).)	Margaret R	. Spellissy	, Balto.,	Md.
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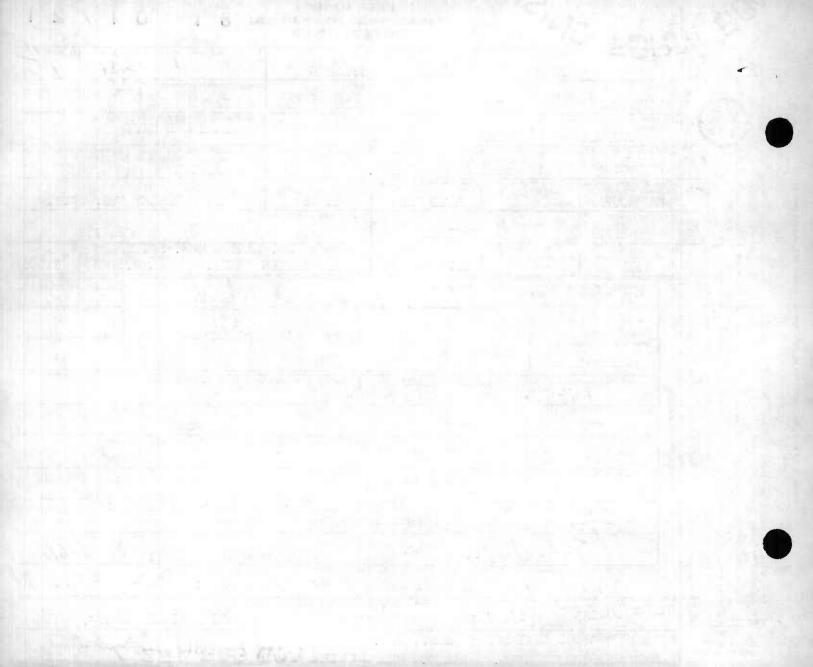
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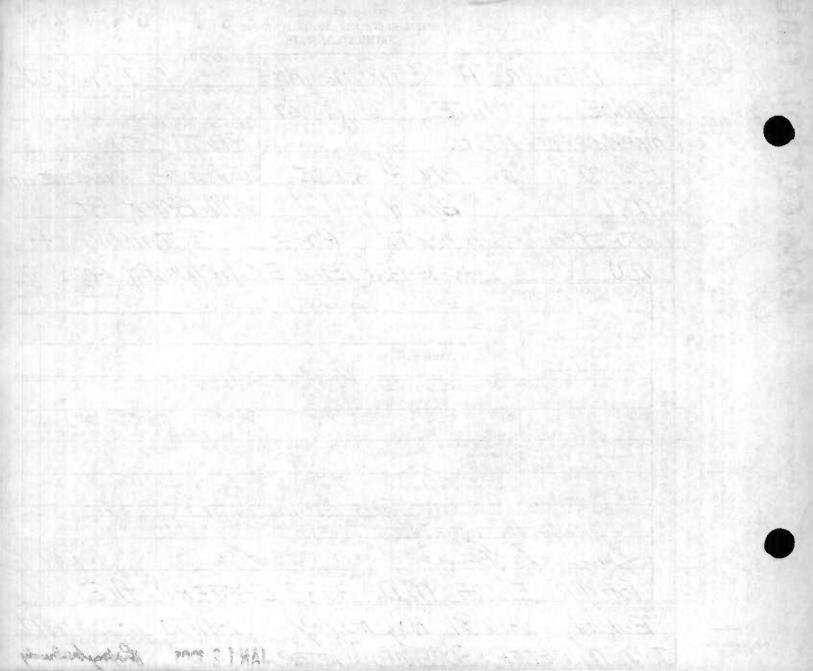
FOR

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(VRA 15.4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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1	23a B	BURIAL, CREMATION, REA	MOVAL I	236. DATE		23c. NAME OF C	CEMETERY OR CREM		23d. LOCATION		UNTY		TATE
	(BURTAL		02-02	2-81	GLEN HA	VEN MEM.	PK.	GLEN BURI				LAND

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please remove carl with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

74 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC.

ADDRESS

21229 4107 WILKENS AVE

GLEN HAVEN MEM. PK.

GLEN BURNIE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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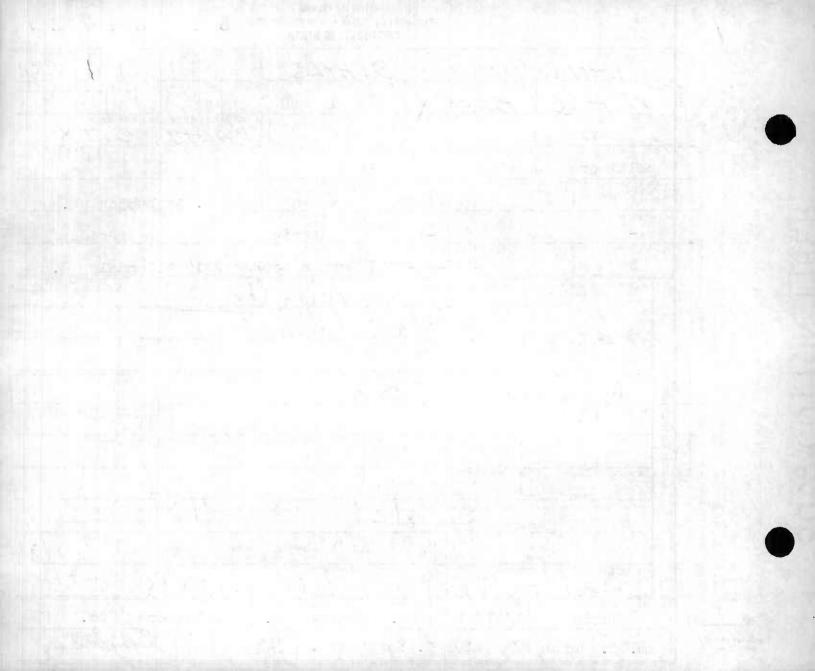
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

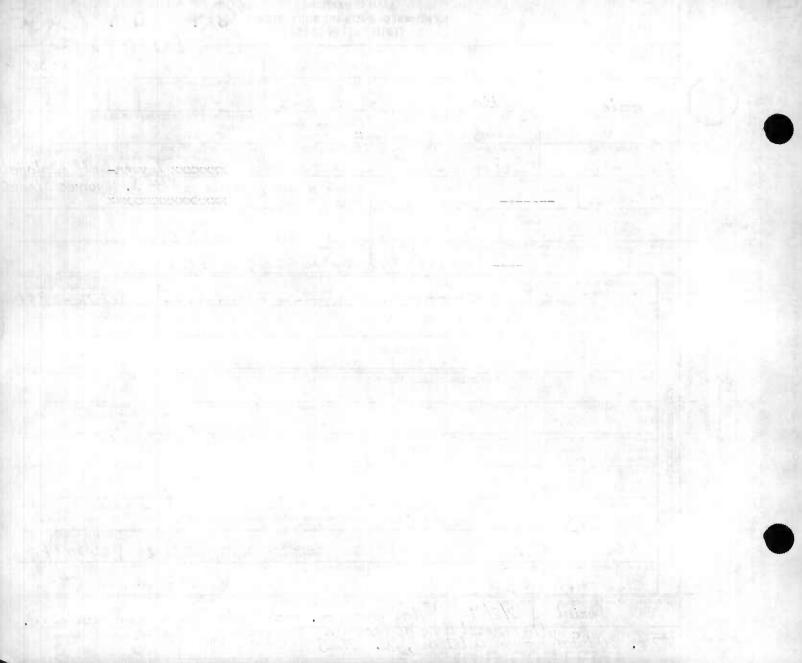


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, Steele (Steel) DEATH MATED 19 81 30 Nathaniel 5. DATE OF BIRTH & AGE LIN YEARS IF LINDER IF UNDER 24 HRS 2d HOUR 2c. DATE 11:28 LAST BIRTHDAY) PRONOUNCED 81 13 40 40 DEAD Male Black Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY) N.C. USA Baltimore City, DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS GIVE PAGES 1, 2, AND 3 TO THE FITH FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BE FILED IVISION OF VITAL RECORDS, 201 V OR INDUSTRY Johns Hopkins Hospital FOR MOST OF WORKING LIFET Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 307 E. Biddle St. 14. FATHER'S NAME 15 MOTHER' MAIDEN NAME MIDDLE Walter Spiers Estelle Spiers 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO PRUNKHOWN) 231-51-6493 Dorothy Steele 900 Argyle Aye. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: (handgun) Gunshot Wounds of Back IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) USED AS A E OF HEALTH CERTIFICATION INER: 11.1.
ICATE, WRITING...
F. FORWARDED TO THE C.I., THE CASE PAGE SHOULD BE USED AGE FOR THE PERSON TO BURIAL, CO. TO POR TO BURIAL, CO. TO THE OFFICE OF THE OFFICE SHOULD BURIAL, CO. TO THE OFFICE OFFICE OFFICE SHOULD SHO 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES te NO [21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 1030 P.M. 1 Subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME TO MEDICAL EXAMENSES.

SECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 5 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WAT STREET, FACTORY, FARM, ETC.) STATE 1401 E. Baltimore St., Baltimore City. Md. house Autapsy X 220 I certify that I took charge of the remains described above, held on Inspection and in my apinian Hamicide X Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1/31/81 SIGNATURE EXAMINER'S NAME Virginia L. Dolan. M.D. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial STATE King Memorial Park Baltimore MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wm. C. March F/H 1101 E. North Ave. **DHMH-17** VR A15 ME (5) 15M 2/80

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDGLE 20. DATE KNOWN (X) MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Stefan 1981 James 4 RACE AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 6:54 13 DEAD 19 61 Male White a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Md. U.S.A. WIDOWED . DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY State of Md. Dept of Trans Baltimore Folcroft (on parch) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 305 S. Folcroft St. Md. Balto. YEST NO T 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME F. PAGES 1 AND P. DIVISION OF VITA MIDDLE MIDDLE LAST FIRST Zavadil Stefan Josephine James 16h. SOCIAL SECURITY NO ADDRESS 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 3313 (YES, NO, OR UNKNOWN) 213-14-2566 Charles J. Stefan Yes W.W.II Delpha Ct. 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) TO MEDICAL EXAMINER: INC.

EXECUTE THE CERTIFICATE, WRITING THE WORD "PERNONS."

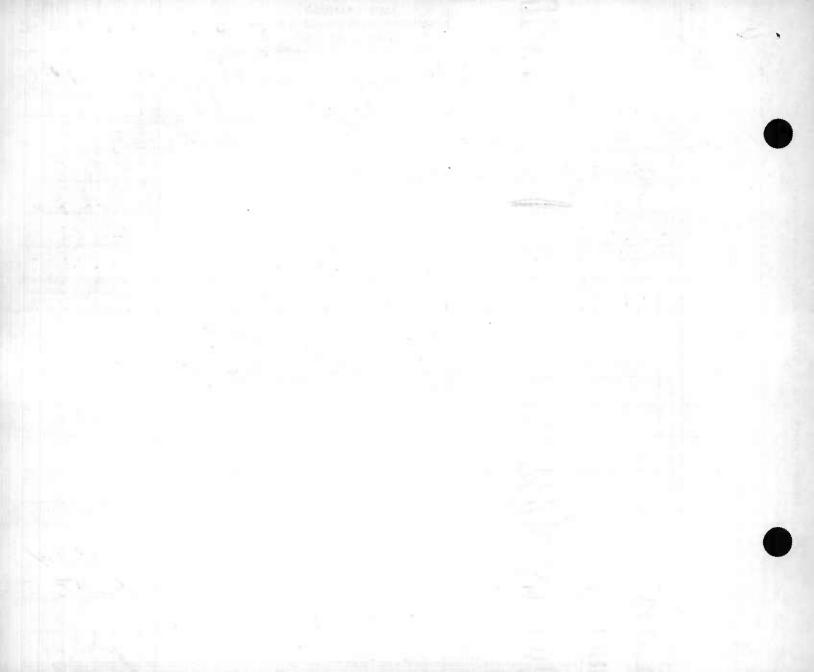
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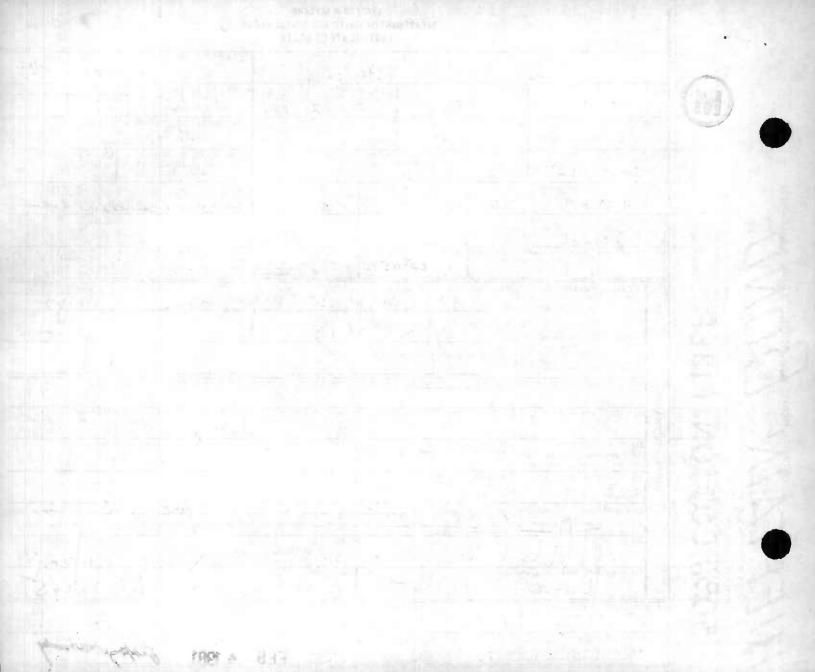


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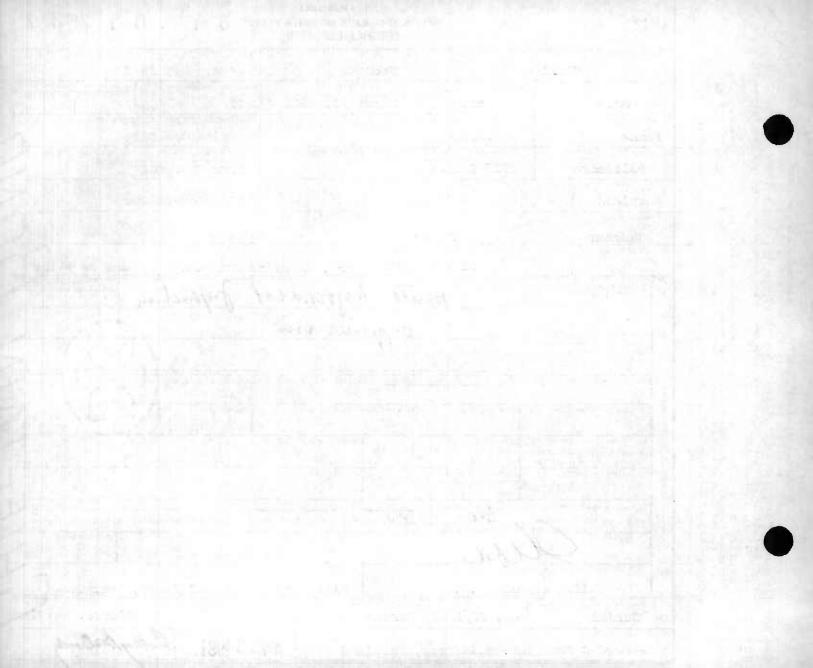
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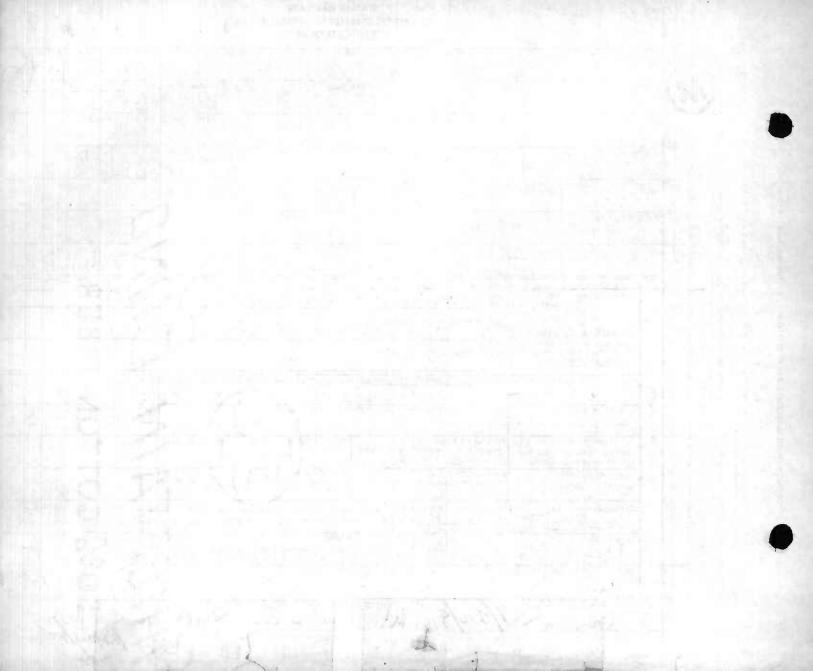


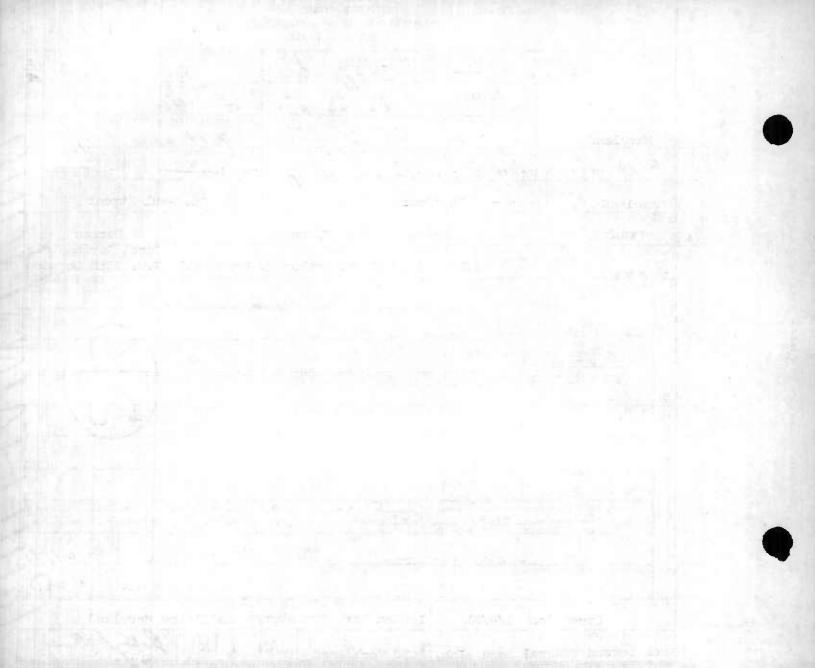
WILLIAM C MARCH FUNERAL HOME INC

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours ottending physicion. Iter this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled that death Amenal Hygiene prior to buriol, cremotion, or removal.		PART I. DEATH WAS CAUS	only one couse per line for (a), SED BY: ATE CAUSE (a)	(b), ond (c))	- RESPI	RATORY NR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DHMH-16 60M 1/73		UNERAL DIRECTOR RVIN CARROLL	ADD		250. DAT	FEB 3 1981	The Property Me Creaty
(VR A 15 (4))	1	RVIN CARROLL	1721 W. NORTH	AUF		TED 0 10h.	1

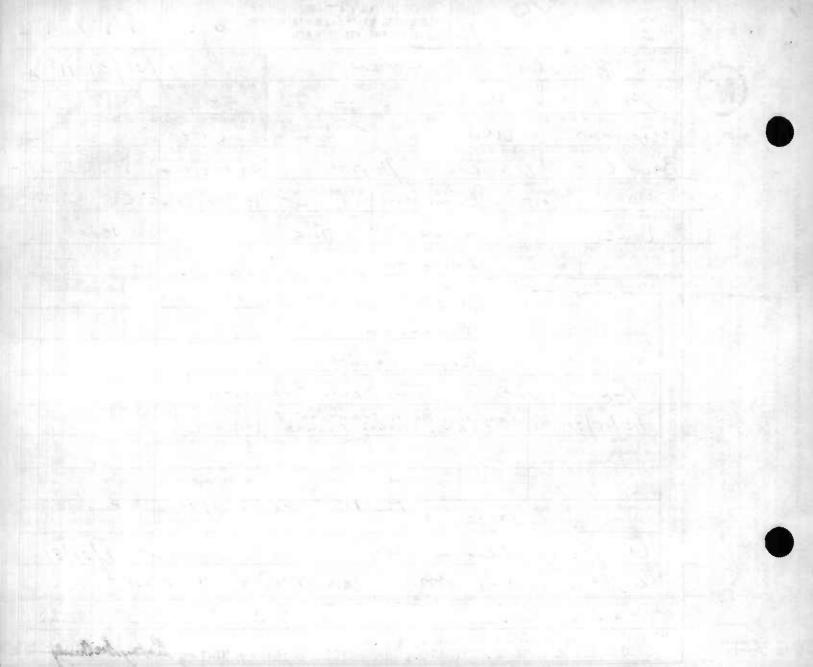
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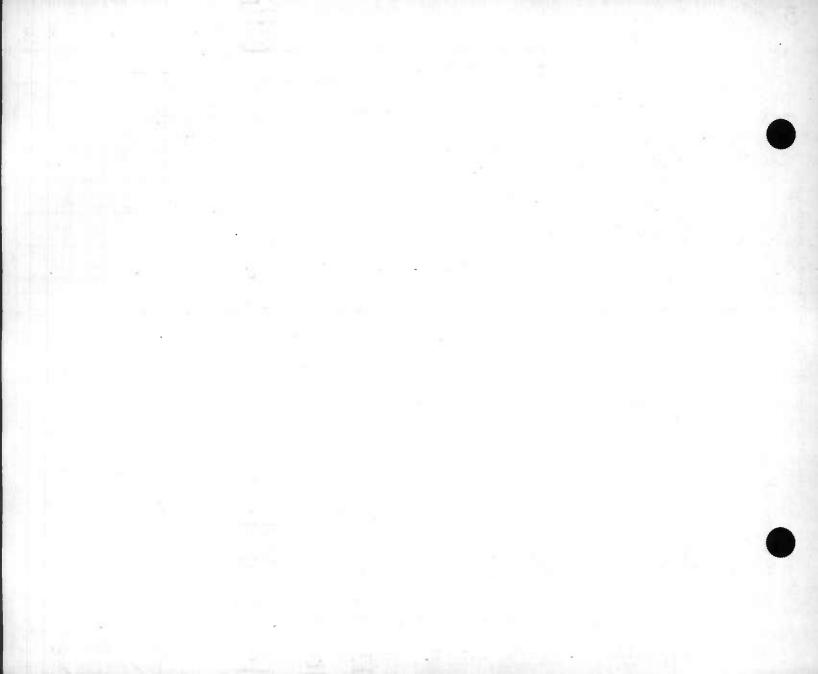


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME HOWARD 20 DATE OF DEATH MANFORD STEVENS YEAR 26 HOUR (TYPE OR PRINT) STEVENS 3. SEX 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS 1905 HOURS Je BIRTHPLACE STATE TRESHED BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XXXXXXX Baltimore City USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Lutheran Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Iron Worker Const. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore 13e STREET ADDRESS Maryland 21 South Calhoun Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Carrie VMosser Harry Stevens ___ ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT Box 123 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216 10 5395 Ruth Lewis Michaels. Md . 2166 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY ares MMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A PONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 0 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED Ma AUTOPS YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? č per Mentol Hygiene bleed NO T buriol-tronsit 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJUR 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 ö 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death Should be detached from the State Dept. DIRECT 27h SIGNATURE DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 224 PHYSICIAN'S NAME (TYPE OR F 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Frederick County Buria] Locust Valley Cemetery, Locust Valley, Md. BP. AND THE POLO DEGISTRAN 256 REGIS RAR'S SIGNATURE 100 Petersville Road 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 John T. Williams Funeral Home Brunswick, Md. 21716 (VR A 15 (4))

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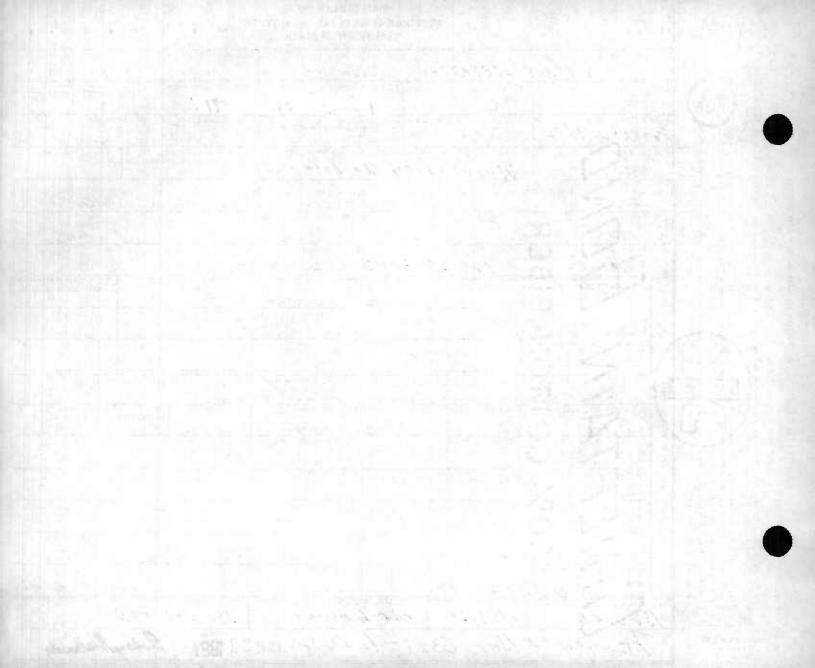


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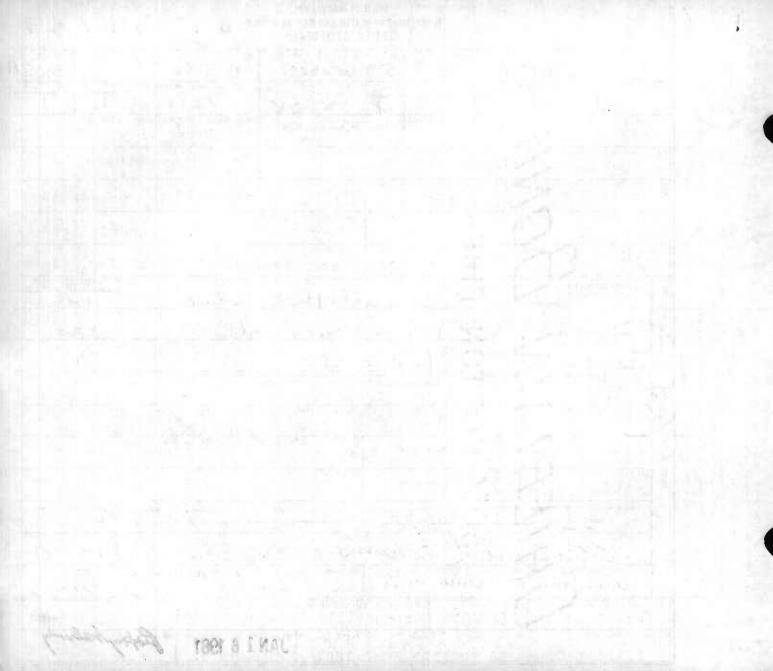


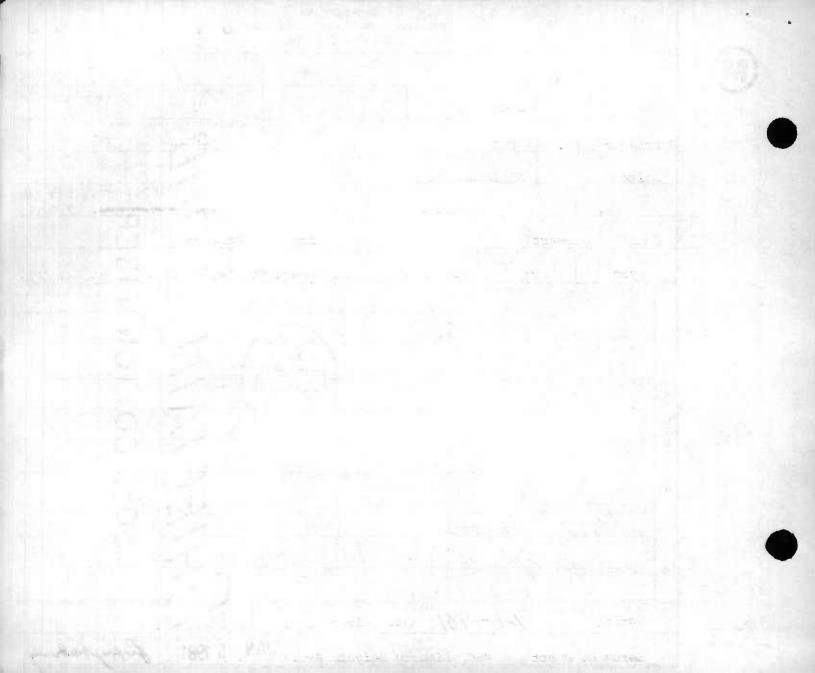
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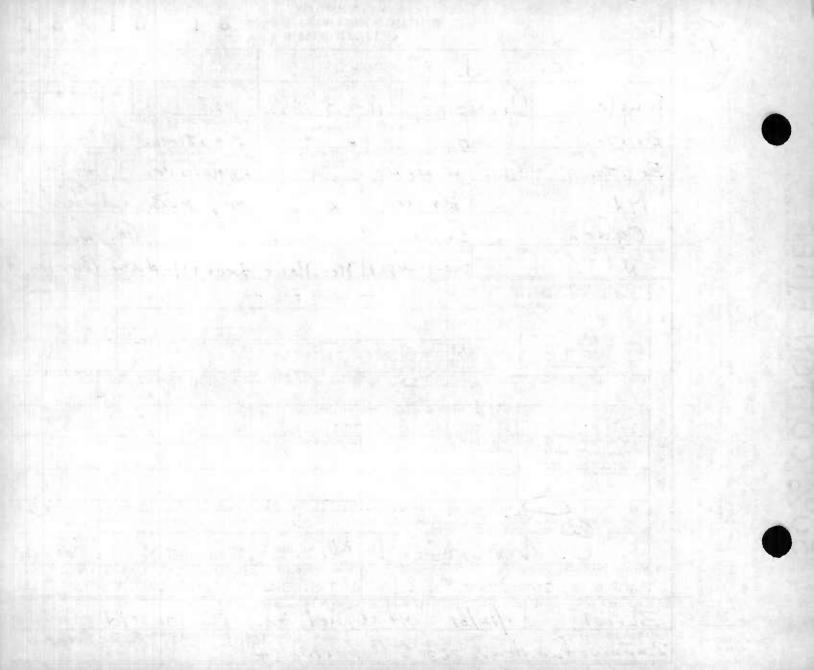




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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, N. BHIS GRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. FE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. PAGE 3 SHOULD BE USED AS A BURRIAL-TRANSIT PERMIT. PAGES 1 AND STATE DEPERTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL 19. 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.		gave ris	is, if any, which the tall immediate stating the underse last.	(b)		ISEQUENCE (
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 etained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a. DATE OF DEATH MONTH DECEASED NAME YPE OR PRINTI DEE 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY ----USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS W. Va. Berkeley Martinsburg 203 So. High Street YESXX NO T 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST Dorsey MIDDLE MIDDLE XXXXXXXXXX ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No Mrs. Sonja Stotler-Martinsburg, W.V APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF ematunt Conditions, if ony, which gove rise to immediate A CONSEQUENCE OF couse (o), stoting the Vonatorum underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F di 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION MEDI 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

23r. NAME OF CEMETERY OR CREMATORY

Green Hill Cemetery

Burial 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL

Brown Funeral Home, Inc. Martinsburg, W. Va.

23b. DATE

23d. LOCATION CITY OF TOWN COUNTY STATE Martinshuro_

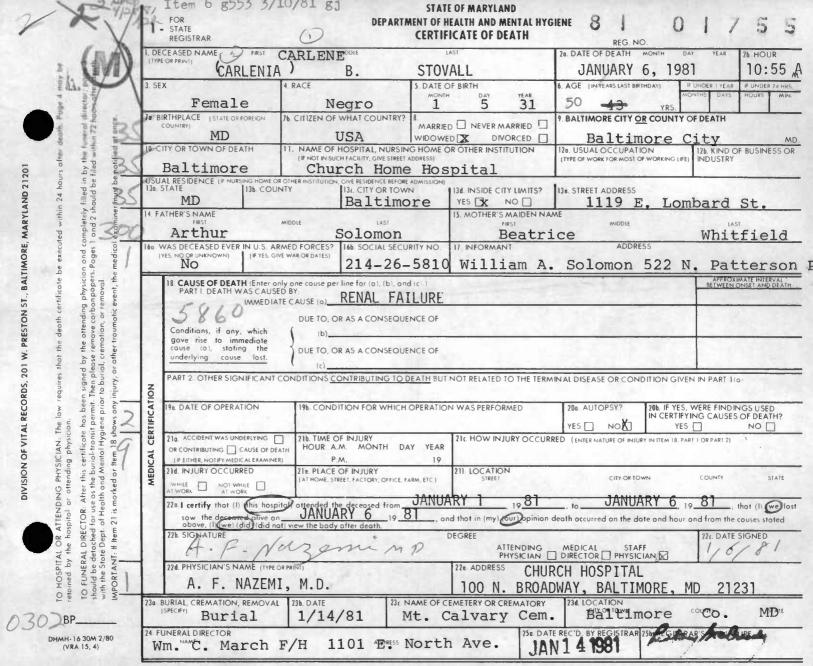
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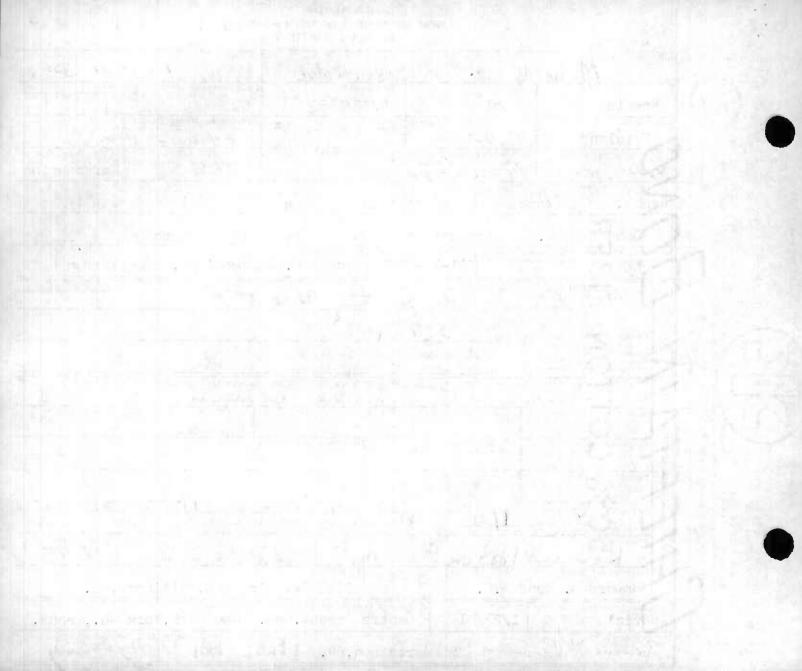
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) OF ESTI-Louis Edward SturtEvant 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY DATE DAY LAST BIRTHDAY) PRONOUNCED 81 12 male black 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWFD DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Willow Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WILLOW 14. FATHER'S NAME MIDDLE MIDDLE DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-38-7263 MRS. SUSIE STURTENANT GOT WILLOW CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART | DEATH WAS CAUSED BY Laceration of liver IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO T DEPARTMENT SHOULD BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING ? P.M.est.1/14/81 CONTRIBUTING CAUSE OF DEATH unknown 71f. LOCATION STREET, FACTORY, FARM, ETC.) GE 4 SHOULD BE FORMER PAGE.

FUNERAL DIRECTOR: PAGE.

TER DEATH, WITH THE STATE (AT WORK NOT WHILE STATE 521 Willow Avenue, BaltimoreCity, house AT WORK MD 22a I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 1/14/81 Assistant DATE EXAMINER'S NAME AFTER I Margarita A. Korell, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 BP 24 FUNERAL DIRECTOR **DHMH-17** Home 5209 YORK Rd. VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) RILEY STURDIVANT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL QCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136_COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 14. FATMER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IEYES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO R YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTO abave, (1) (we) (did) (did nat) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 250. DATE REC'D. BY REGISTRAN 256. REGISTRAR'S SIGNATURE 24. EMNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

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XI	T	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 81 - 0 1 7 5 9 - CERTIFICATE OF DEATH								
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де 4 то	3 SE	MALE	1 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YE MONTHS DA					
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low requires that the death ce speen signed by the attending rmit. Then please remove carbo prior to buriol, cremation, or re cary injury, or other froumatics.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) CHE DIC DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 196 CONDITION FOR WHICH C	NCE OF	MINAL DISEASE OR CONI	DITION GIVEN IN PART ZOB. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED				
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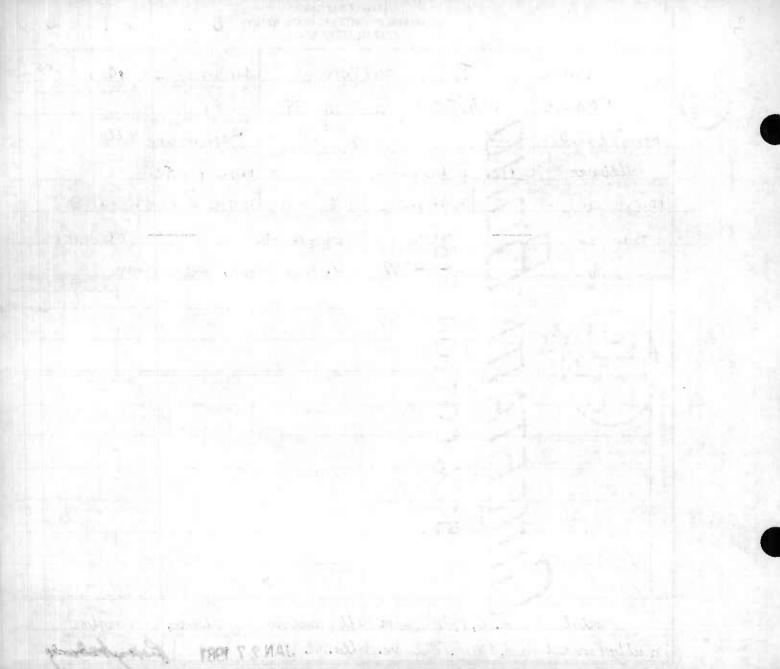
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120) OF HYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. Other this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corbanpapers. Pages I and 2 should be fill th and Mental Hygiene prior to buriol, cremotion, or removal.	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU Maryland _	R OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION) LMORE	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	313 S. Cha	apel St		
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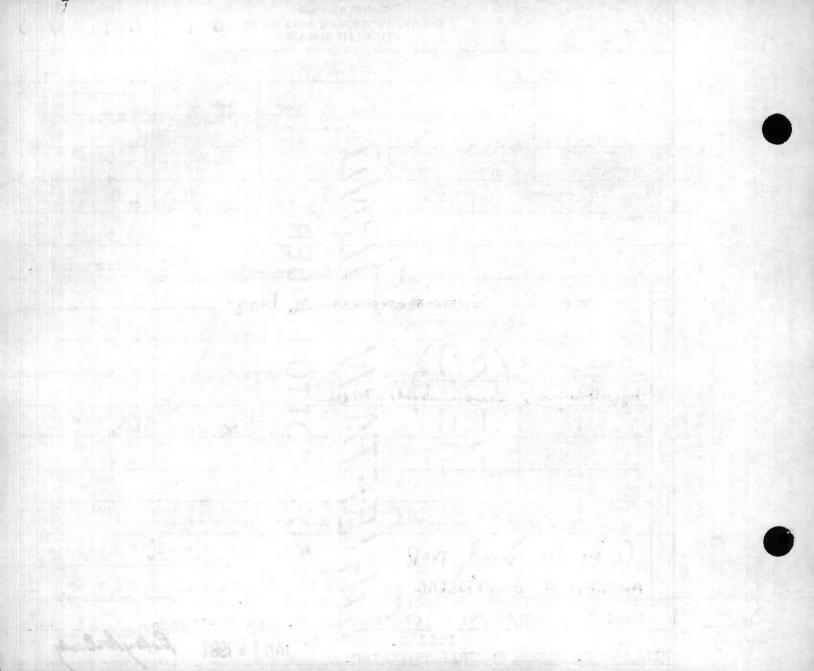
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e as the bu ofth and Ma marked ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	1	211. LOCATION STREET	CITY OR TO	DWN COUNTY STATE
oched far us Dept. of He If Item 21 is		22a. I certify that (I) (this hasp sow the deceased alive a above, (I) (well did) (did n 22b. SIGNATURE	pital) attended the deceased in 1/6 not) view the body after death		DEGREE ATTENDING	MEDICAL STA	lote and hour and from the couses stated 22- DATE SIGNED
should be defit with the State		22d. PHYSICIAN'S NAME (TYPE	4/./	JMD	PHYSICIAN [DIRECTOR PHYSI	tet 21229
- 5 3 4	23a	BURIAL, CREMATION, REMOVA	1/20/81		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
30M 2/80 15, 4)		Burial UNERAL DIRECTOR 1630 NAME Stzke Catonsvil	Edmondson Ave	Caton	sville,Md 750 DA	DOTSOV. TE REC'D. BY REGISTRAF V 2 0 1981	25N GISTRAR'S SON

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Talbott Hazel 81 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR Negro Female 10 25 14 BIRTHPLACE ESTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Virginia WIDOWEDIX Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h, KIND OF BUSINESS OR Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY The Johns Hopkins Hospital BALTIMORE, MARYLAND 21201 (D) 80 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY AND THE 13e STREET ADDRESS Maryland Baltimore 727 East 21st Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Martin Luther Wake Clara Lincoln ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 218-09-5757 Mildred Jackson Culver City, Calif. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which bres gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. outrerie a CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20g. AUTOPAY? IN CERTIFYING CAUSES OF DEATHS NO D YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INSURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE ATWORK 22a. | certify that (1) (this hospital) attended the deceased from. TO FUNERAL DIRECTOR: y should be detoched for use with the Stote Dept. of Heo IMPORTANT: If them 21 is m and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) we) did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED STAFF MEDICAL PHYSICIAN. DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LEXPE OF PRINTI 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial CITY OR TOWN 1/7-/1981 Memorial Pk Arbutus 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 East North Ave. DHMH-16 30M 2/80 (VRA 15, 4)

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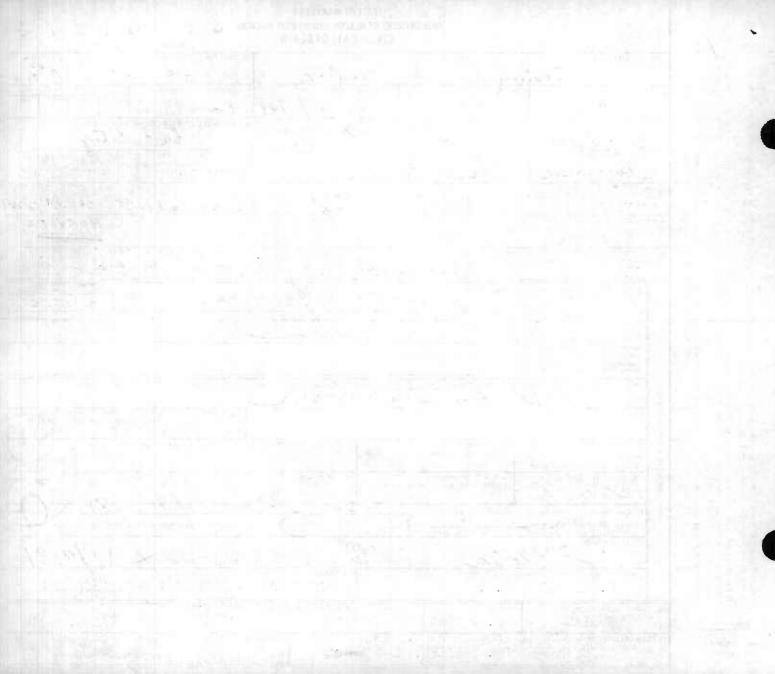
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH (TYPE OR PRINT) irving 124 P. 4 RACE 3. SEX AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIR IF UNDER I YEAR IF UNDER 24 HRS MONTH 1898 HOURS WHITE BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUPERVISOR STATE ROADS Lev in dale DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COMMISSION 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE MARYLAND 2609 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE **ABRAHAM** TAYLOR MINNIE 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT TAPPROR 2609 LYES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES) 220-36-434 APT. D NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY mos IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO YES F NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21E LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE I 22a.1 certify that (1) (this hospital) attended the deceased from ond that in (my) four prinion death occurred on the date and hour and from the causes stated not) view the body after death 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS should be LEVINDALE BELVEDERE & GREENSPRING S. LEVENSON, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE RETSTERSTOWN JAN.11,1981 BALTO BURTAL OHEB SHALOM 24 FUNERALDIRECTOR SOL LEVINSON & BROS., INC. 25a DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 6010 REISTERSTOWN RD. (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN K I. DECEASED NAME 20. DATE (TYPE OR PRINT) OF ESTI-Myrtle Taylor DEATH MATED 1981 6 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. SEX JE UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 9:02 13 23 Female. DEAD Black 81 YPS To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COLINTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Baltimore City NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore Mercy Hospital SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 731 S. F DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Hanover Street Baltimore Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Taylor Gladys Dorsey 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Gladys Dorsey 2214 W. North Ave. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL WRITING THE WOR VARDED TO THE CH AGE 3 SHOULD BE L ATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME. 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK 22a I certify that I took charge of the remains described above, held on and in my apinian Notural couses X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 1/6/81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY Burial Balto. STATE 1-10-81 Arbutus Mem. Park Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 EGISTRAR'S IGNATURE **DHMH-17** Chas. A. Rice FSPA 1300 Eutaw Pl. VR A15 ME (5) 15M 2/80

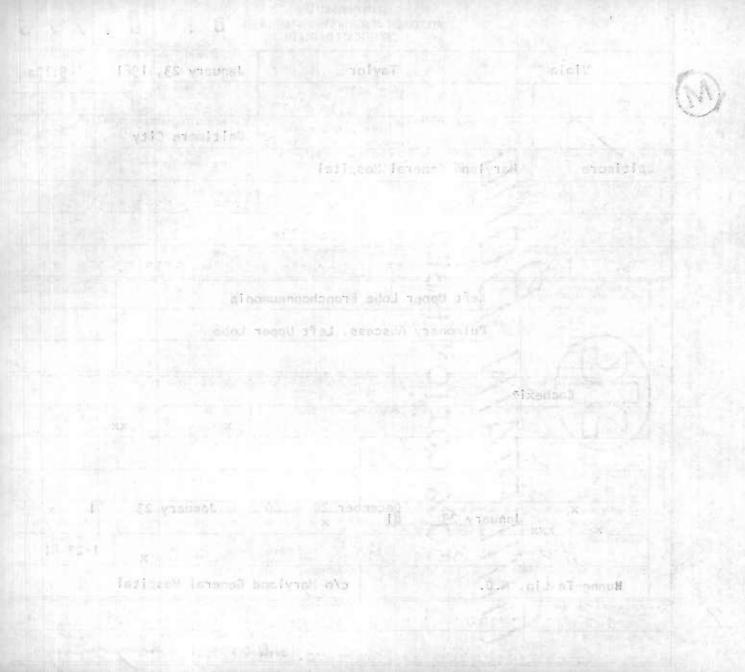
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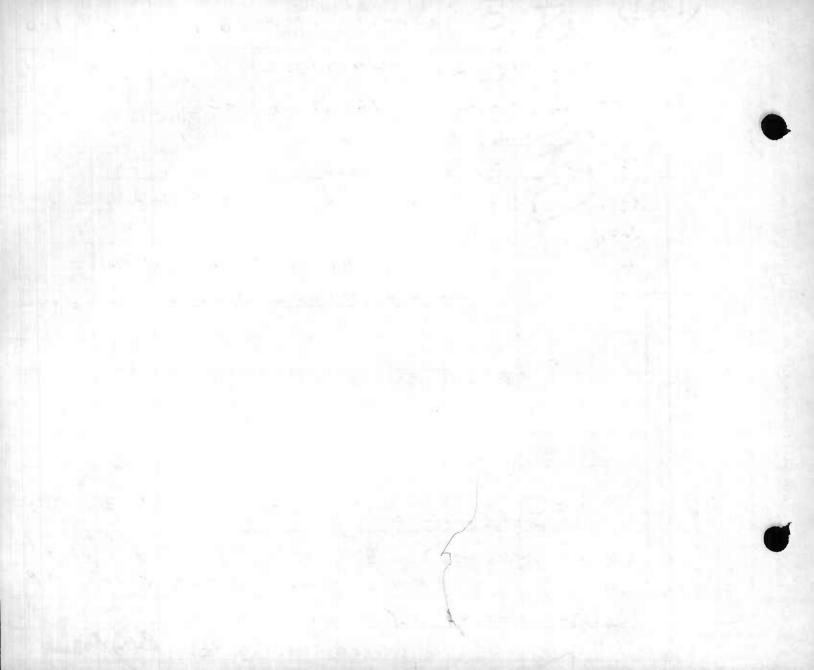
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1101 E. North Ave.

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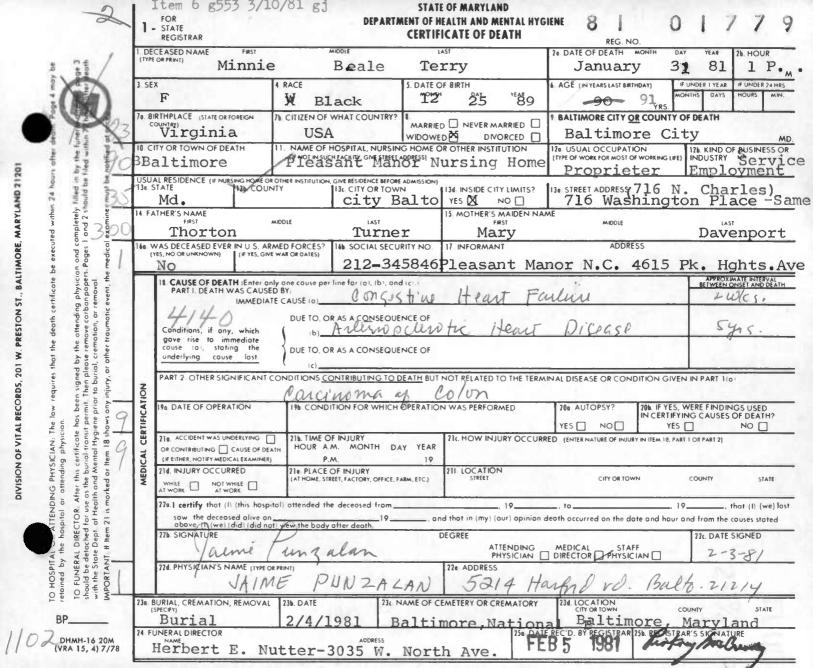


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OR ATTE e hospito DIRECTO oched for Dept. of I		226. SIGNATURE	or wen the body	one, deom.		DEGREE	A Transferred	22c. DATE S	IGNED
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HOSPITAL ned by the FUNERAL side be detected to the State of the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
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or o	23a. Bl	URIAL, CREMATION, REMOVA		23	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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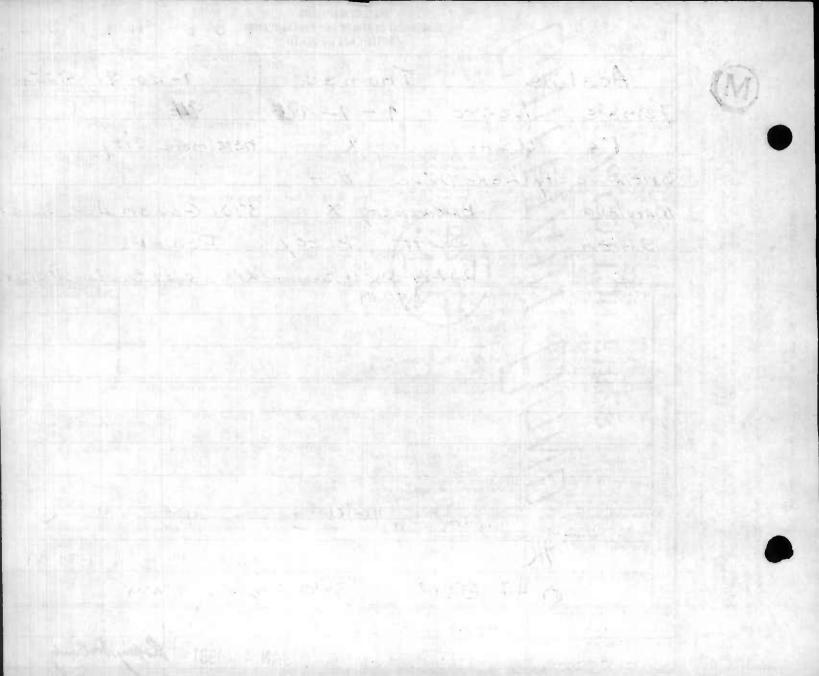
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

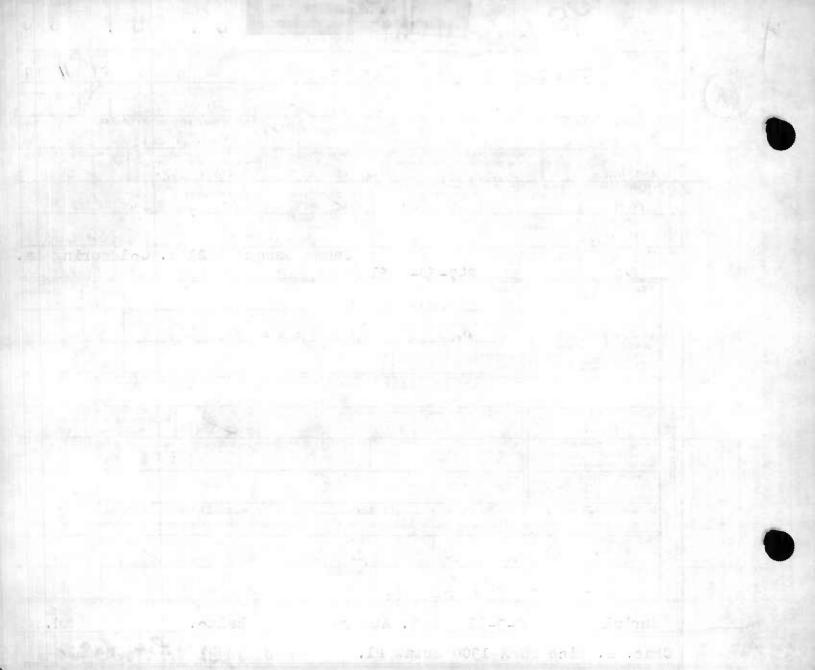
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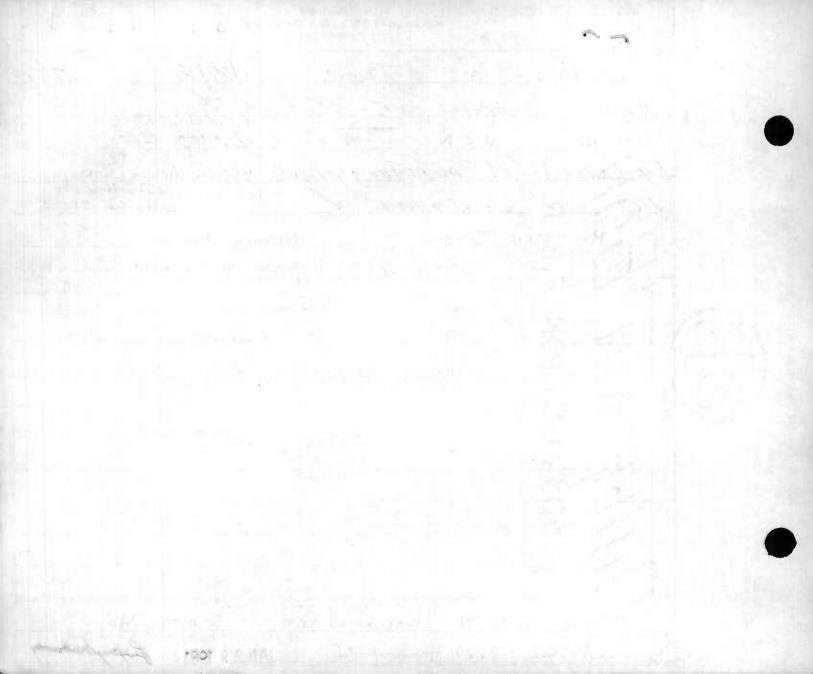
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been signed mit. Then ple prior to buria ony injury, or	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
W.s. Der	吊				YES NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
	1 2	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRI		
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is certificate buriol-transit Mental Hygie or them 18 sho	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
the bu	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 216 LOCATION STREET	CITY OR TOW	N COUNTY STATE
After this e os the bush ond M norked or	1	AT WORK AT WORK		1. 1.		
		22a.1 certify that (I) (this hospit	ol) ottended the deceased from	1/16/8/ 19	_, to	19 ; that N (we) lost
DIRECTOR: sched for us Dept. of He if hem 21 is		sow the deceased alive on obove, (1) (we)	t) view the body ofter death.	ond that in (my) (aut) opinion d	eoth occurred on the do	te and hour and from the couses stated
hed ppt.		22b. SIGNATURE	view the body offer death.	DEGREE		22c. DATE SIGNED
E D C C		VI		ATTENDING PHYSICIAN	MEDICAL STAF	
State	1	22d. PHYSICIAN'S NAME TYPE OF	R PRAIT)	22e ADDRESS	· ·	
ald b	-	X	AM LEBSON	3640 Forn	Ma-	uni
TO FUNERAL DIRECT should be detached from with the State Dept. or IMPORTANT: If Item 2	-	0	. 111			
	230.	BURIAL, CREMATION, REMOVAL SPECIFY)		ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY . STATE
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1 - 16 25M	24 F	UNERAL DIRECTOR	ADDRESS	· · · · · · · · · · · · · · · · · · ·	REC'D. BY REGISTRAR	HE SISTERAN'S SON MURE
'R A 15 (4)) 9/74		Wm C March		North Ave. JAN	27 1981	





X	· Vn		#8, FilmG552 2/13/81 kam STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A 1	1/84
	1	1	- STATE REGISTERS CERTIFICATE OF DEATH REG. NO.	1,01
	o 65		PE OR PRINT)	DAY HAM TO HOURS
	deor be	1.5	EX 1. PACE 15. DATE OF BIRTH 18. AGE (19. YEARS LAIL BETHCAY)	# UNDER LIBERT # UNDER 24 WAS
		7	more white 5- 25-06 74	HORITE DAYS HOURS MAN
	a CIVI	1	BIRTHPLACE (STATE OFFORE OF THE CITIZEN OF WHAT COUNTRY? B. MARRIED WEVER MARRIED . 1. BALTIMORE CITY OF COUNTY	OFDEATH
	9	9	MARYLAND U.S.A. WIDOWED DIVORCED 12/11/20/20/20/20/20/20/20/20/20/20/20/20/20/	V12b KIND OF BUSINESS OR
5	of the state	3/2	MHIMIRI NOT THE STATE OF THE ST	FE) INDUSTRY
21201	d is to	US	STATE THE COUNTY THE C	Jefferson St
LAND	though title	5	ATHER'S NAME 15 MOTHER'S MAIDEN NAME	md 21224
AARY	d 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0	MIDDLE LAST FIRST MIDDLE	LAST
RE, A	nd corr ges l'		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. W INFORDANT ADDRESS	000000
BALTIMOR	be es		(YES, NO PRINKNOWN) (IF YES, GIVE WAR OR DATES) 213-18-0193 41. Lawson W. Thomas-2714	0 4
., 8A	ficate physic novol. ent, th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESPIRATORY RESPIRATORY RESPIRATORY	BETWEEN ONSET AND DEATH
IS NO	h cert ding orbor		DUE TO, OR AS A CONSEQUENCE OF	2 0001
PRESTON	ation,		Canditions, if any, which gave rise to immediate (b) PROBRESIVE PULMONTRY FIGRESIS	7 yn.
× ×	of the se rem crem		couse (a), stating the underlying cause last. (c) PNEULING CONTOSTS 2° ASBESTUS COALDU	est -
, 201	p le le		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	
RECORDS	The True	_ i	NONE 190. DATE OF OPERATION. 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 1200. AUTOPSY? 1200. IF YES	S. WERE FINDINGS USED
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N O	PHYSICIAN ending phystric certifice burial-troid Mental H	MEDICAL	(IF ELLINE NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21th LOCATION	
DIVISION OF VITAL	G Ph er th er th ond ked	MEC	WHILE AT WORK AT WOR	COUNTY STATE
۵	ol or ol ol or ol ol or ol		22a.1 certify that (1) (this haspital) attended the deceased fram 4/27 , 19 80 , to 177	19, that (I) (we) last
	ATTE Sspith ScTC d for n 21		sow the deceased alive an 19 4 and that in (my) (aur) apinian death accurred an the date and hou above. (h) (we) (did) (did not) view the bady after death. 27b. SIGNATURE DEGREE	r and from the causes stated
	At OR the horal DIRE letoched on the Dep		Dan MUDORAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/27/81
	O HOSPITAL O HOSPITAL TO FUNERAL I should be deto with the State MAPORTANT: If		226. PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS	SINTE 127
	etained TO FUN should b with the		MCDOUGAL GOOD SAMAKITAN	JUANE 107
nl.t	BP	230	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN CITY OF TOW	COUNTY STATE
000	DHMH-16 30M 2/80	7	NAME ADDRESS ADDRESS	
	(VRA 15, 4)	T	Harrie Rd. JAN 2 9 1981	appay to the same



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REG. NO.

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APPROXIMATE INTERVAL

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IF UNDER 24 HRS

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COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Marrody

BP. DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

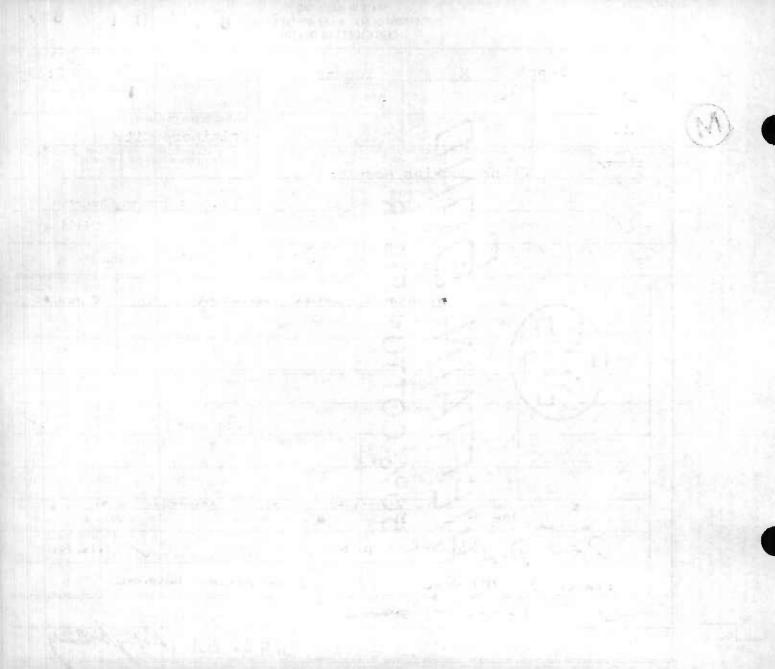
AS. A. MORTON + JONS

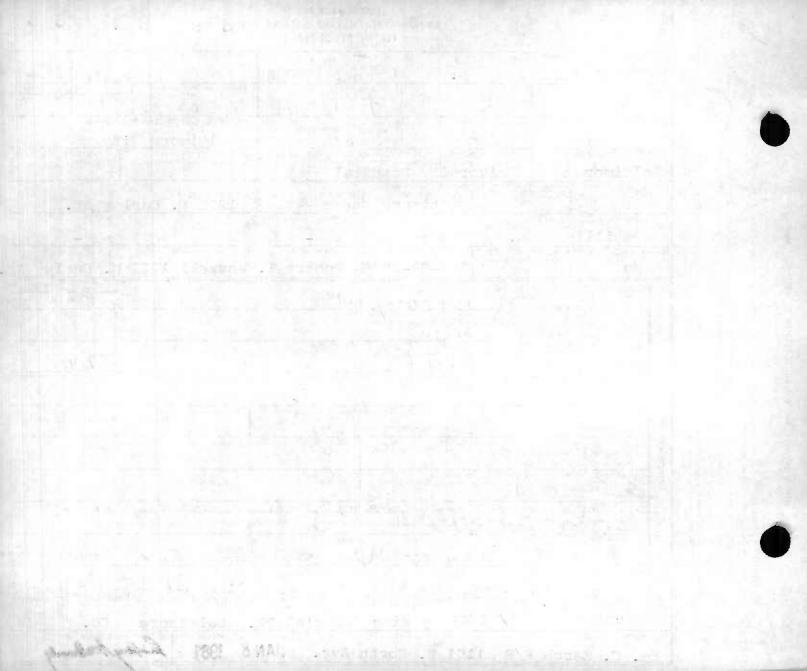
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			STATE OF MARTLAND	1 / 8 6
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		1	PEGISTRAP ACCEPTIFICATE OF DEATH	
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	offer of the	10. €	117 OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 11YE OF WORK FOR MOST OF WORKING USE 11YES OF WORK FOR MOST OF WORKING USE	126. KIND OF BUSINESS OR
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7	thic third t	14.FA	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	
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NE NE	e execu		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
×	Poor P	4	Bernard Brooks-1027 W	Carrello es
Ę	−o o € o .			Gerdelle 2.
8	rficate physici naval. rent, th		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Ε,	rtifi properties		IMMEDIATE CAUSE (a) SEPTICEMIA	
Z	ding arbc or re		F66.	
PRESTO	E 11		DUE TO, OR AS A CONSEQUENCE OF	
2	deat atter atten, troum		Conditions, if ony, which gave rise to immediate (b) URINARY TRACT INFECTION(UTI)	
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>			underlying couse last.	
20	se se la		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	NUMBER ART 1000
DS,	sign hen to bi	Z	AND THE PROPERTY OF THE PROPER	NIN FART I(d)
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Di	s beer remit.	CA	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED 'ING CAUSES OF DEATH?
-	The icton.	=	YES NOW YES	
NT.		CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
	Physical Hills		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	(TOKPAKI 2)
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ō	E de de la	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM FLC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
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ā	ENDING P of or otter DR: After H ruse as the Health and is marked		270. I certify that (I) (this baseled) attended the deceased from 12-3 to 80 to 1-14	01
	TEND ritol o OOR: or use of Head		1 14	9 <u>81</u> , that (I) (we) last
	TT but		saw the deceased after an 1 - 14 19 81, and that in (my) (aur) apinian death accurred an the date and haur abave, (1) (we) (did) (thid not) view the body after death.	and fram the causes stated
	X + X = 0 =		27b. SIGNATURE DEGREE	22s. DATE SIGNED
			ATTENDING _ MEDICAL _ STAFF _	1-14.81
	N tot de N		PHYSICIAN DIRECTOR PHYSICIAN	1-14-81 ()
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			A.F. NOUR, M. DA T. NOUK 100 NORTH BROADWAY, BALTIMORE	
	of Shoot Shoot	73 B		- MAKIWLAND, CI
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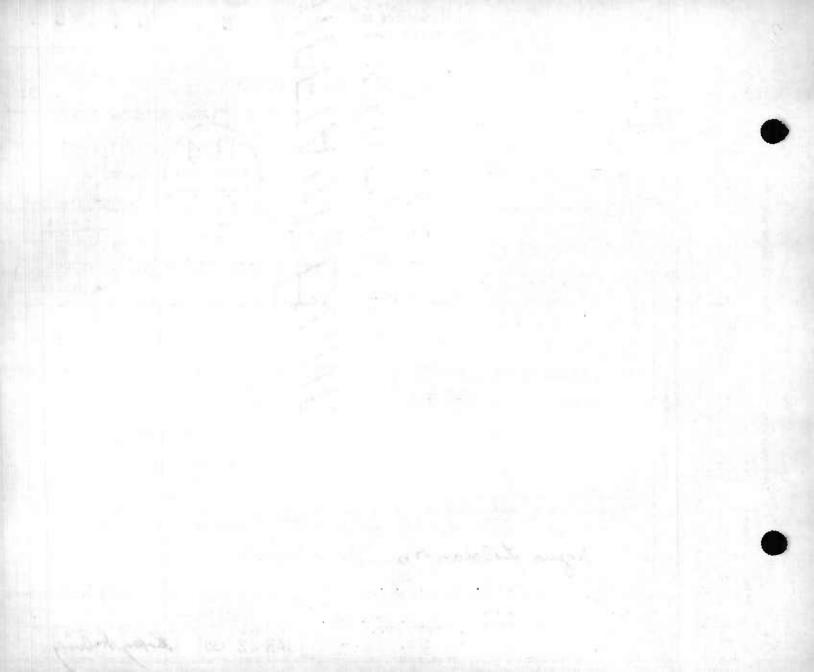
ZAMOHIT LUBSTEIN Bush to the State of the said

4	1.	FOR STATE REGISTRAR		DEPART		CATE OF DEATH			UI	1	0 /
be of the		CEASED NAME FIRST		MIDDLE		ST	2a. [REG. NO. DATE OF DEATH MONTH	20	YEAR 2b.	HOUR
e 4 moy be or, page 3 ofter death	3. SE		arl A RACE Black	M	5. DATE OF	homas FBIRTH DAY YEAR 31 16	LR.	GE IN YEARS LAST BIRTHDAY)	IF UNDE	R 1 YEAR IF	2:45pm UNDER 24 HRS DURS MIN.
(M)		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9. BA	ALTIMORECHY OR CON Baltimore		ATH	MD
by the filled with	Ва	ty or town of death ltimore	Johns	Hopkins	ADDRESS) HOST	ROTHER INSTITUTION		USUAL OCCUPATION E OF WORK FOR MOST OF WORK		KIND OF BU USTRY	USINESS OR
filled in hould be remark be	130. S Ma	ryland	AE OR OTHER INSTITUTION OUNTY	Baltimor	ADMISSION)	13d. INSIDE CITY LIMI YES 🛣 NO 🗌	20	STREET ADDRESS N. Washing	gton S	treet	
ompletely ompletely ond 2 s	J	osephst	WIDDIE	Durafit		15. MOTHER'S MAIDE Maggie	EN NAME	WIDDLE		Wi41i	Lams
be execu		VAS DECEASED EVER IN U.S 1900 OR UNKNOWN) (IF YES	, ARMED FORCES? S, GIVE WAR OR DATES)	239-36	-	Coy Gradis	son 2	404 Ashland			t. Cus
s that the death certificate bed by the attending physicial lease remove carbonapaers rial, cremation, or remaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI Conditions, if any, which gove rise to immediate cause (a), stating the	DIATE CAUSE (a) DUE TO, C		SM NC	GASNEIC	CARCI	NOMA.		APPROXIMATI	
e law require: n. nos been signe permit. Then p ne prior to bu ws any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION	NT CONDITIONS C	No. of Contract of		NOT RELATED TO THE	20	00 AUTOPSY? 20b.	N GIVEN IN I	FINDINGS CAUSES OF	USED DEATH?
HYSICIAN ading physicians certificate buriol-troid amontal H or them 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	F DEATH HOUR A	.M. MONTH DA	19	21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITE		PART 2)	STATE
OR ATTENDING e hospital or att DIRECTOR: After sched for use as t Dept. of Health a	W	WHILE NOT WHILE AT WORK 220.1 Certify that (\$\frac{1}{2}\$ (this h sow the deceased alive abave, (1) (\$\frac{1}{2}\$ (did) (\$\frac{1}{2}\$ SIGNATURE 220. PHYSICIAN'S NAME (T	aspital) attended the an JAN 1		14 nuare	d that in () (our) op DEGREE 1. D. ATTENDI PHYSICI 22e. ADDRESS	ING MI	to JAWARY 2. occurred on the dote on EDICAL STAFF RECTOR PHYSICIAN	d hour and fi	that	(we) lost ses stated
V Sept of Sept	23a 8	RUBERIT BURIAL, CREMATION, REMO SPECIFY SPECI	VAL 236. DATE	71		EMETERY OR CREMAT	TORY 2	Beltimor		ŢΥ	STATE
BP		JNERAL DIRECTOR NAME Wm C March	1/27	1101 E.	Myw			Baltimor 7 1981			7





FOR			DEDART			ARYLAND	AL HVOIE	Or I	0	9	1	0	0
1 - STATE REGISTRAR				MENT OF H			1	0 1	Ü	1	1	Q	7
1. DECEASED NAM	AE FIRST		MIDDLE		LA	ST	12 01 02	20. DATE K	REG. NO		DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	Saral	n	F.		Th	omas		OF DEATH A	ESTI.			981	zu. HOOK
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	RS IF UNDI		JNDER 24 HRS			MONTH	DAY		24 HOUR 5:53
Female	Black	8 30	06	74 YRS	Morting	DAYS HO	URS MIN,	PRONOUNC DEAD	ED	1	19	,81	5:53 PM
7a. BIRTHPLACE VIFE INT	STATE OR	76. CITIZEN OF W USA	HAT COUN		R	NEVER	MARRIED	9. BALTIMO	Balti	-	TY OF DE	ATH	MD.
Baltime	ore		Thitti	er Avei	nue	RINSTITUTION		SUAL OCCUPA R MOST OF WORKI	ATION (TYPE	OF WORK	126 KIND	OF BUS NDUSTRY	INESS
Maryland	(IF IN NURSING HOME OR		13c. CITY	OR TOWN imore	13	Id. INSIDE CITY LII Yes 🛣 N	MITS? 13e. ST	REET ADDRES	s tier A	Avent	ıe		
14. FATHER'S NAM	E	MIDDLE		LAST	1!	FIRST	MAIDEN NAM	NE MID	DLE		LA:	ST	
Joe			Munf	ord		Lula	Jan 1878	4			Mun	ford	
160. WAS DECEAS	OWN) (IF YES, GIVE W		16b. SOC	IAL SECURITY	NO. 17	7. INFORMAN	T	-2 11 11	ADDRESS				
	1,0,0,0,00		217-	22-7072	2 3	James M	Munford	2211	Whitt	ier	Aven	ue	
18 CAUSE	OF DEATH (Enter only EATH WAS CAUSED	ane cause per line	far (a), (b)	, and (c).)			STEET ST				APPR	OXIMATE I	NTERVAL AND DEATH
gave cause (a lying ca	ans, if any, which ise to immediate a) stating the <u>under-use last.</u>	(c)		SEQUENCE O		P CONDITION CIVE	IN IN BART T						
				es Mell		K CONDITION BITE	IN IN PART I (Q)						
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UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, ET		21f. LOCA STRE			CITY OR TOWN	٧	со	YTAU		STATE
death resu ACTUAL SIGNATURE	Urgena	af the remains des	Accident	ve, held an Suic		Hamicide TITLE (SPECI	IFY)	Inquiry [etermined man	ner .	d in my ap DATE SIGNE	1./	20/8	1
EXAMINER'S	NAME Virg	inia L.	Dolan			DRESS			.11 Pe	nn S	Street	t	
		* * * * * * * * * * * * * * * * * * * *											
23a. BURIAL, CREMA (SPECIFY) Burial 24. FUNERAL DIRE	ATION, REMOVAL 23	. /23/81 - 1101 E	Ва	lt. Nat	t. Cer	m.	DATE REC'D. B	OCATION YOR TOWN		COU		MD	TE .



-/-		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R 1 1 1	9 (
	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
		EASED NAME FIRST,	MIDDLE LAST 28. DATE OF DEATH MONTH DAY YEAR	2b. HOUR
7.5	TYPE C	RPRINT) EThE	2 9. holinDSON 01-24-81	12:301
dead 3	SEX	(, (RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	
rstatter once.		TEMALE	CAUC OI - 23-1841 90 YRS.	HOURS MIN
at at	CO	INTRY),	CITIZEN OF WHAT COUNTRY?	7.31
= = 2		ryland A (C	USA WIDOWED DIVORCED	
filed within	0 CIT	Son Town of Death	IF NOT BY SUCH FARILITY GIVE STREET ADDRESS) (INDUSTRY	of business sewale
	JSUA 3a S1	RESIDENCE (IF NURSING HOME OF OF ATE 13h COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	tings 5
		MD Ba	141 MAT YES BY NO 1 1619 Silight	21.
2 sho	L FA1	HER'S NAME FIRST , MID	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	AT.
5877		utite (harles - Limmerman ttx+ Alice - Zej	op
10		AS DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) I IF YES, GIVE W.	YAR OR DATES)	
rages,		UALK_ N	No 713-07-884 Mr. Howard A. Thompson, 511 E. Gitting	s St.Ba
oval	П	8 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line far (a), (b), and (c).	ONSET AND DE
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shows	5	TO DATE OF OTERATION	IN CERTIFYING CAUSE	S OF DEATH?
Hygie		71a. ACCIDENT WAS UNDERLYING	YES NO YES 7 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	ио 🗌
m — = =		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	
	Š	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY 211 LOCATION	
Ment	***	WHILE CO NOT WHILE CO	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
and Menta	Σ	CAMBON L. ATMOON L.		
e as the burial salth and Men is marked or			all attended the deserved from 01-23 10-91 to 01-24 10-61	that of two
r use as the burial of Health and Men 21 is marked or		20.1 certify that 10 (this hospital sow the deceased alive on	01-24 19 81, and that in (186) (our) apinion death occurred on the date and hour and from the	
Health a		20.1 certify that 10 (this hospital sow the deceased alive on above 11 (we) (did) (did (did))	view the body offer death.	e causes state
Health a		20.1 certify that 10 (this hospital sow the deceased alive on	view the body offer death. DEGREE ATTENDING MEDICAL STAFF	
City and for use as the burial State Durial State Durial Health and Men		17a.1 certify that \$0 (this hospital saw the deceased alive an above, \$1 (we) (did) (did \$00) \text{VI (we) } (did) (did \$00) \text{VI (we)}	view the body offer death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTO	e causes state
the State Dept. of Health and Men.		20.1 certify that 10 (this hospital sow the deceased alive on above 11 (we) (did) (did (did))	view the body offer death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTO	e causes state
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Modern Management of use as the control of the cont	3a 8t	17a.l certify that \$0 (this hospital saw the deceased alive an above, \$1 (we) (did) (did \$00) \\ 17a.PHYSICIAN & NAME (1991)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P	e causes state

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STATE OF MARYLAND

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- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
1. DECEASED NAME FIRST (TYPE OR PRINT) Lucia	R.hodes T	hompson	January 2, 1981							
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS					
Female	White	Dec. 13, 1902	78 YRS.	MONTHS DAYS	HOURS MIN.					
7a. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH							
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	ty,	MD.					
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							

Baltimore Keswick Home Supervisor Medical Sup. USUAL RESIDENCE (IF NURS GIVE RESIDENCE BEFORE ADMISSION NG HOME OR OTHER INSTITUTION 13a. STATE ISK COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20 Old Padonia Road Baltimore Cockevsville NO TX Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Grafton Albert Dr. George Thompson Margaret WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 215-03-2051 A 209 Coldbrook Road Brice Thompson No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Gettenh Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify, that (1) (this haspital) attended the deceased from,

sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BP. Burial

23c. NAME OF CEMETERY OR CREMATORY

Medical Arts Building

JAN

23d LOCATION CITY OR TOWN Cockeysville Balto., Md. Poplar Grove Cemetery

1050 York Road 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

E. Hunter Wilson, Jr., M.D.

25a. DATE REC'D. BY REGISTRAR 25b. RECONTE

Baltimore, Maryland

FUNERAL DIRECTOR:

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) Edward OF ESTI-W Thornton (Thorton) DEATH MATED 81 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR MONTH VEAD PRONOUNCED 81 53 male black 6 27 DEAD Te. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED for Maryland USA Baltimore City WIDOWED DIVORCED 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS **OR INDUSTRY** FOR MOST OF WORKING LIFE) Baltimore University Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5208 Linden Heights Ave. 3a. STATE 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Baltimore Maryland YES X NO [LAST Thornton MOTHER'S MAIDEN NAME 14. FATHER'S NAME DIVISION OF VITE MIDDE FIRST MIDDLE Batty (Thorton Alice Edward 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES! Alice M. Elbeck 1916 Mosher Street 229-24-0333 No JED AS A BURIAL - TRANSIT PERMIT. P. F. HEALTH AND MENTAL HYGIENE, DIN SILL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ruptured aortic aneurysm IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA LAND, 21201 PRIOR TO BURIAL, C 190. DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 71e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 1/3/81 Assistant DATE SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard M.D. ADDRESS 111 Penn Street Balto. (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore STATE Co MD King Memorial Burial /6/81 Dk 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR **DHMH - 17** ACIORESS JAN (VR A15 ME (5)) C. March F/H 1101 15M 2/80

STATE OF MARYLAND

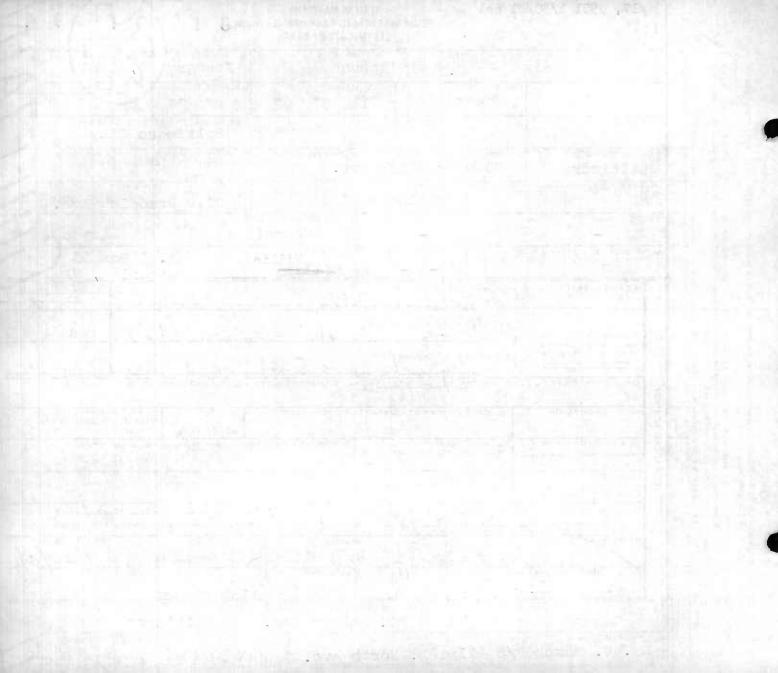
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Wm. C. March F/H 1101 E. North Ave.

FOR

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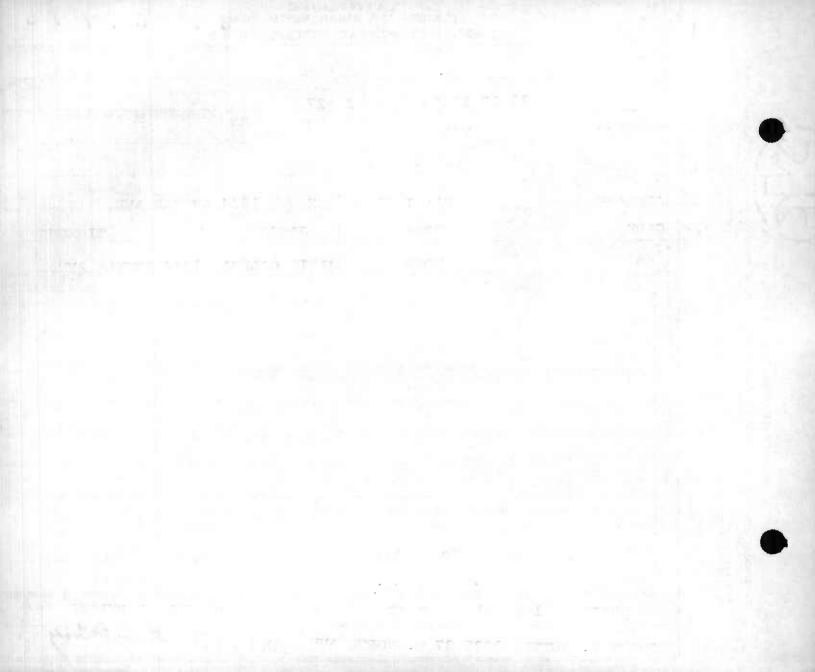
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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oy be	(1Abe	CEASED NAME OR PRINT) ELLIE EL	LIE C. C.	TNE TINE 15. DATE OF BIRTH 1898	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIRTH	1-26-8	10:30AM
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IL RECORDS, S C C Reference to the law requirements become significant to the prior to the laws only injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES T	INDINGS USED USES OF DEATH? NO
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OR: A OR: A Heol		22a. I certify that (I) (this hosp	pital attended the deceased from the 200 198	, and that in (my) opinion o	to 100	te and hour and from	, that (I) (we) last in the couses stated
ALOR ATT the hospit LI DIRECTO	1	THE SIGNATURE	b ban	DEGREE ATTENDING	MEDICAL STAF	F _ / /	26/81
O HOSPITAL to former by the Top of the Top		220 PHYSICIAN'S NAME TYPE O	ORPRINT) GAN	22e ADDRESS 2311 RAVE	NVIEW R	& TiMI	ONIUM, MX
7/2000000000000000000000000000000000000	23u. 6	URIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	IN LOCATION	This South	Magazilan
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WILTIAM C. MARCH FUNERAL HOME INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN XX MONTH (TYPE OR PRINT) LARRY TOLAND DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3d : 100 () R IF UNDER 24 HRS 2c. DATE 28 ype 7/3/52 PRONOUNCED 1-21- 1081 black male Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City WIDOWED DIVORCED B. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS UnEmployed Baltimore 3905 W. Mulberry Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Maryland 134. INSIDE CITY LIMITS? 134. STREET ADDRESS WES LI36 COUNTY Baltimore Holly St. URS AFTER DEATH, IF.

8. GIVE PAGES 1, 2, WITH FORM PM 3.

IT. PAGES 1 AND 2 SHITLE PAGES 1 A 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Earl Toland Gladys White 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gladys Toland , 1013 Mt Holly St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E CHIEF BE USED DEPARTMENT OF HI 1 PRIOR TO BURIAL, YES KX NO 210 EXTERNAL GAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SELF/inflicted 21b. TIME OF INJURY UNDERLYING TO OR HOUSEM MONTH 214 YEST CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREE has emerit WHILE NOT WHILE AT WORK 3905 W. Mulberry Street Baltimore, Maryland EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram: Undetermined monner Notural causes TITLE (SPECIFY) 1-22-81 DATE Assistant SIGNATURE MEDICAL EXAMINER Margarita A Korell, M.D. 111 Penn Street EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1/27/81 WestView Mem. Pk. Baltimore, Maryland BP 24 FUNERAL DIRECTOR **DHMH-17** Law Funeral Home e 46 Park Haights Ave. (VR A15 ME (5) 15M 2/80

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9	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 1 8 0 0 CERTIFICATE OF DEATH REG, NO.									
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	1.	FOR - STATE REGISTRAR	DEP	ITAL HYGIENE 👌 1	YGIENE 8 REG. NO.					
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FOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME Tracey 20 DATE KNOWNXX 25 HOUR (TYPE OR PRINT) ESTI-Walter Jacob TYXKY DEATH MATED 1081 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE YEAR PRONOUNCED 1:06 male white 53 12 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATEOR 9 BALTIMORE CITY OR COUNTY OF DEATH AM MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital OR INDUSTRY FOR MOST OF WORKING LIFE! 18. GIVE PAGES 1, 2, AND 3 TOTA 5. WITH FORM PM 3. RETAIN AIT, PAGES 1 AND 2 SHOULD BE FI E, DIVISION OEXITAL RECORDS Baltimore Farmer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) **EQUNTY** 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Maryland Gaithersburg 6520 Damascus Road NO E 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST Charles Tracev Betty Murray 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216-66-9068 Mrs. Dorothy Tracey, Gaithersburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- IRANSIT PERMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTION OF MENTAL HYGIENE, DIRECTION OF REMOYER. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) UNDERLYING OR 1981 passenger in auto/lost control/fixed object CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION roadway WHILE AT WORK Rt#108.South of Ethcheson, MD Mont Co MARYLAND 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined monner Notural causes Suicide TITLE (SPECIFY) 1/5/81 ACTUAL DATE Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION COUNTY STATE Burial 1-7-81 Mt. Zion Cemetery Balto Upperco BP BY REGISTRARY 256 REGISTA RESISTANTURE 25a. DATE REC'D. 24. FUNERAL DIRECTOR Eline Funeral Home, Hampstead, Md. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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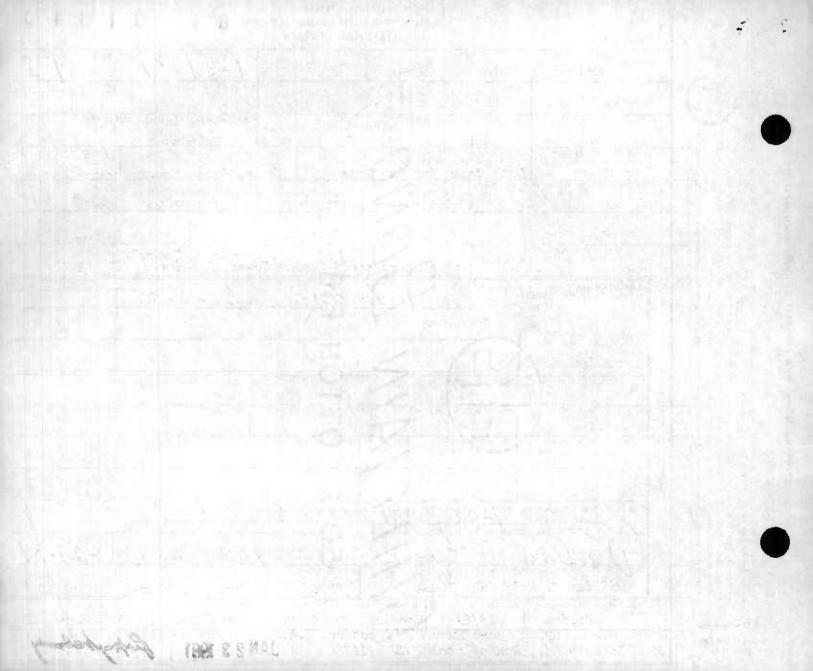
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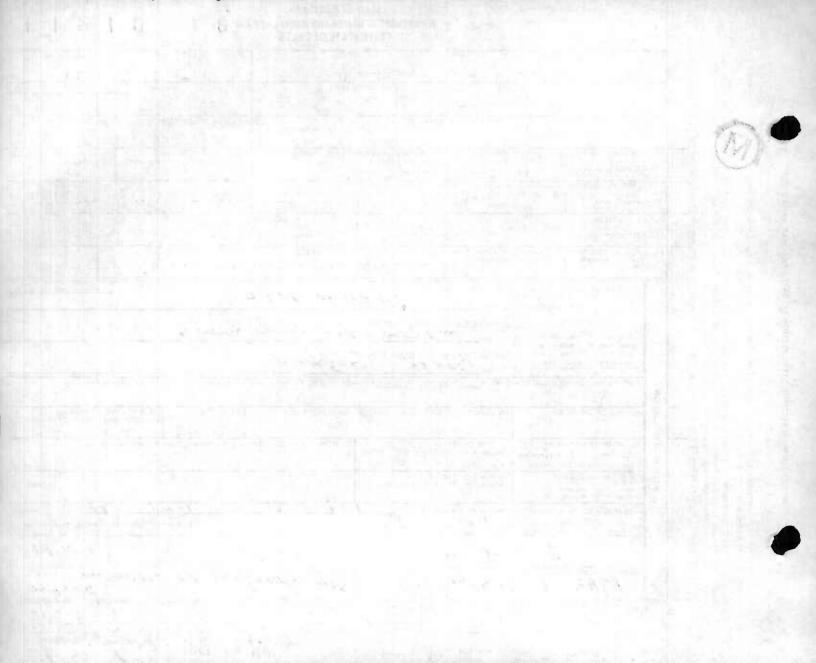
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎 - STATE CERTIFICATE OF DEATH REGISTRAR REG.-NO L DECEASED NAME LAST 2a. DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) Freeman Turnage 81 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 1898 Male Black 7a BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina USA Baltimore City, WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Bon Secour Hosp. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1400 E. Madison Street YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Turnage Helen Banks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATES! 212-10-3842 Lucille Cherry 225 N. Castle Street APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate other cause (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO [sho burial-transit Mental Hygie 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211, LOCATION ō 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT TO FL. should be 22d PHYSICIAN'S NAME ITYPE OF PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial /26/81 Westview Mem. Pk. Baltimore Co., 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.



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ow recomment. The prior to ony in	ATIO	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	FINDINGS USED				
L.R.	CERTIFICATION	The British of the Br			0.5		YES NO		AUSES OF DEATH?				
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	1			STATE OF MARYLAND	43 9	01017
	1	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL	HYGIENE &	0 10 13
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(AA)		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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p b b c c c c c c c c c c c c c c c c c	3.	SEX (RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
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Bood of a	70.	BIRTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH
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d of d	10	CITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED G HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR
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within	14.	FATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
ond w		Richard	Turner	Ella	· · · · · · · · · · · · · · · · · · ·	Freeland
d co	1 160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU	RITY NO 17. INFORMANT	ADDRESS	
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0 0 s	F	18 CAUSE OF DEATH (Enter only			<u>E IIIII 7174 I</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the deorement of the content of the		Canditions, if any, which gove rise to immediate	(b)			
by the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
# TB 0 0 5		didenying coose tosi	(c)			
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TTEN ortol for u		saw the deceased alive an above, (1) (we) (did) (did not)	1-4 8/ 108	, and that in (my) (our) api	nion death accurred on the date o	and hour and from the causes stated
hosp hosp liked hed them		22b. SIGNATURE	view the body offer death.	DEGREE		22c DATE SIGNED
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1	23	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 7/77	24	FUNERAL DIRECTOR	7 11 April 50 1		DATE REC'D, BY REGISTRAR 256.	REGISTRAL SIGNATURE
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3035 W. NORTH AYE.

BALTO, MO.

FOR

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24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

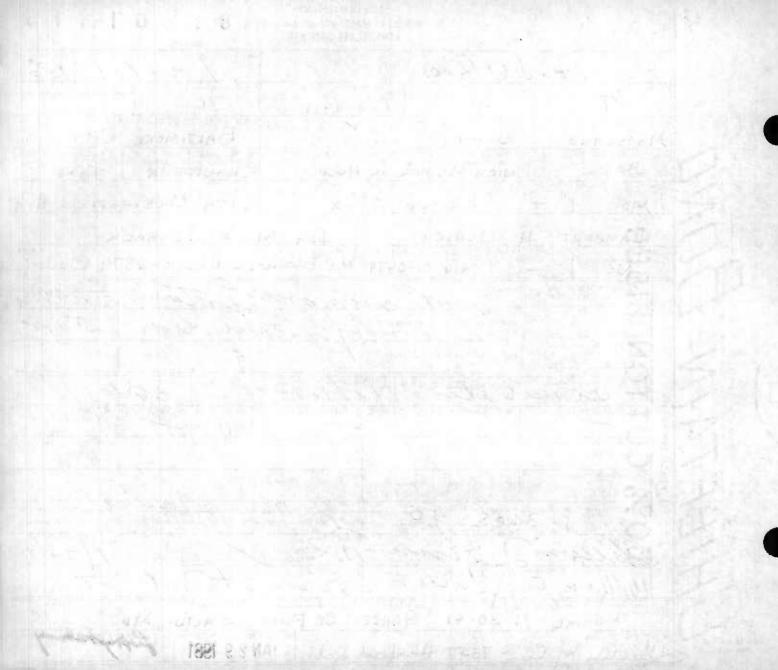
CERTIFICATE OF DEATH

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7	FOR STA			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 REG. NO.	0 1	8	5
v be ge 3 deoth	1. DECE AS {TYPE OR PR			TICH		AST		TE OF DEATH MON	6/8,	YEAR 26. HO	PM
125	1 SEX	M	4. RACE	J	5. DATE C	OAY YEAR	6. AGE	70	YRS IF UNDE	R I YEAR IF UND DAYS HOURS	ER 24 HRS.
A COUNTY	COUNT	LACE (STATE OR FOREIGN RY) RYLAND		WHAT COUNTRY	? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BAL	BALTIMO		ATH CITY	MD.
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filled in healed be	130. STATE	.0.	R OTHER INSTITUTION NTY	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS	28	REET ADDRESS HE	ESTER	FIRLD	AVE.
300	14 FATHER	SNAME FIRST AMBERT	H. U	LRICH		15. MOTHER'S MAIDEN	M.	BIEDEN	BACK	LAST	
MORE,		DECEASED EVER IN U.S. AI OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES]	216-01		Mrs. Bla	nche L	. Ulrich	- 2870	? Chei	instal
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificial becaused into a stending physician. When this certificate has been signed by the ottending physician and compiting filled in by as the buriol-transit permit. Then please remove corbinators in Fagure and 2 should be prior to buriol, cremation, or remained and a shows only injury, or other traumatic event the mentical examinermy the corked or frem 18 shows only injury, or other traumatic event the mentical examinermy the corked or frem 18 shows only injury, or other traumatic event the mentical examinermy the corked or frem 18 shows only injury, or other traumatic event the mentical examinermy the corresponding to the correspon	Coi go cou unc	nditions, if ony, which re rise to immediate se (o), stating the lerlying couse lost.	DUE TO, O DUE TO, O CONDITIONS C	DR AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A C	UENCE OF	NOT REPATED TO THE T	TERMINAL DI		ON GIVEN IN E	CART 1(0)	vey
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DR ATTENDI hospitol on IRECTOR: A ched for use lept, of Heal tem 21 is m	220.		ottol) ottended the Solly view me body	ne deceased from	, 01	DEGREE		ccurred on the date	178		
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Ø ≥ / BP	23a. BURIA (SPECIF	L, CREMATION, REMOVAL				MS OF FAI	TH 23d.	LOCATION CITY OR TOWN	MD.	ly .	MATE
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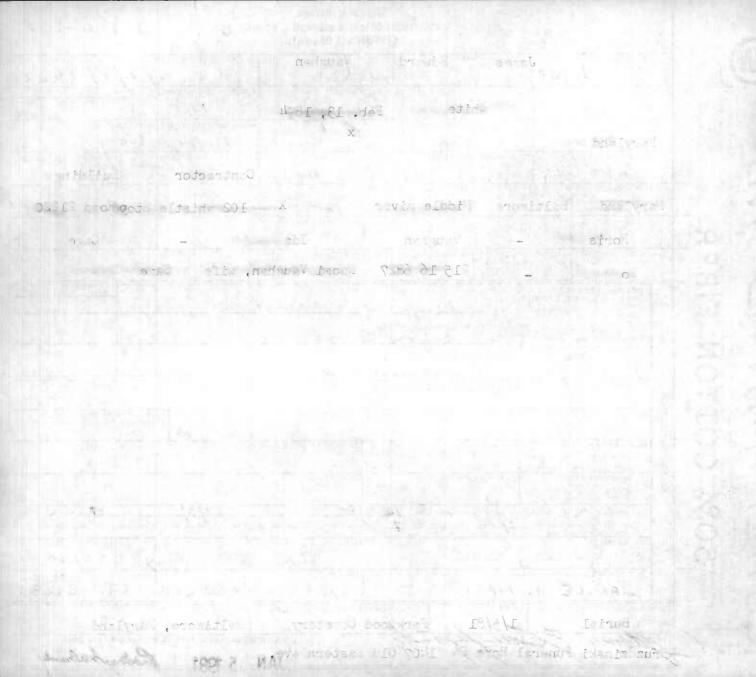
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWNXX MONTH Vailati Jr (TYPE OR PRINT) ESTI-George R DEATH MATED 3 81 10 3 SEX 4. RACE 5. DATE OF BIRTH YEAR 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR 25, 1935 PRONOUNCED male white , 81 Feb 10:10 DEAD 70. BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH New Jersey MARRIED NEVER MARRIED U.S.A. Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Union Memorial Hospital FOR MOST OF WORKING LIFE)
Detective Baltimore 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Maryland 2881 Maufield Ave YES A NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Mildred Vailati Sr Miller R George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS DIVISION Mrs Dorothy Ann Vailati 1308 Sherwood Ave 579-48-7748 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, 20. AUTOPSY? YES NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 218 PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. YPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Undetermined monner TITLE (SPECIFY) 1/4/81 ACTUAL Assistant **SIGNATURE** MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 TYPE OR PRINT 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 1/7/81 Burial Moreland Mem Park Baltimore, Maruland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) Leonard J Ruck Inc. Baltimore, Maruland 15M 2/80

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	1.	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE 8	U	1 8	1 0
		REGISTRAR			CERTIF	ICATE OF DEATH	R	REG. NO.		
		CEASED NAME FIRST	manda "	IDOLE	Vans	kiver	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	(1172	Anand	/1	vnn	V/clas	stiller	Oar	nuary 13	3, 1981	6:25 AM
-	3 SEX		4. RACE	YTHI	5. PATE C		6. AGE (I YEARS	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		ite	DE	C. 9, 80		YRS	MONTHS DAYS	HOURS MIN.
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35	I 1 1	aruland	USA		WIDOWE		Balti	vnore ci	to	MD.
	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	12a USUAL OCC	CUPATION		F BUSINESS OR
38	Bo	ltimore.	(M. c	stu of	Han	iland tosa	(TYPE OF WORK EC	ONE WORKING L	(FE) INDUSTRY	- N/A
20	USU/	AL RESIDENCE (IF NURSING HOMEOR TATE	OTHER INSTITUTION,	THE RESIDENCE BEFORE		138. INSIDE CITY LIMITS?	13e STREET ADD	DECC (Rt	. 311)	
53	14 1		oline	Goldsb		YES NO	P.O.		5	
		THER'S NAME	571	1		15 MOTHER'S MAIDEN NAM	ΛĒ			
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		VALUECE ASED EVER IN U.S. AR.		16b. SOCIAL SECU		17. INFORMANT (Fath		1000000		- 4-
2	- 0	(IF YES, GIV	WAR OR DATES)	1	IONE	Mr. Regina				13
						MI. Vedille	ita D.	Valiski		IMATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D 8Y:	, , ,		Na			1.1	1
		IMMEDIAT	E CAUSE (a)	cespiral	rory	repression			4	hrs.
84		03/9	DUE TO, OR	AS A CONSEQUE	,	. 00		.lala	0	
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		underlying cause last.	(c) 1	neth ar	10X4	a a DIC M	MALLE	MCCHAMO	1ds	
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISPASE OF	R CONDITION &	VEN IN PART 110	01
	CERTIFICATION			<u> </u>						
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_	S	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUGE OF DEA			AY YEAR	21t HOW INJURY OCCURR	ED (ENTERNATURE	OF INJURY IN ITEM 18.	PART I OR PART 2}	
4	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	1111		19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C		5263	21f LOCATION	CI	ITY OR TOWN	COUNTY	STATE
	2	AT WORK AT WORK	(AT HOME SIKE	ET, FACTORY, OFFICE, F	ARM, ETC.)	37420				37772
		22a. I certify that (I) (This hospit	ottended the	deceased from_	121	10 , 19 80	, to	113	19 80	that (I) (we) last
		saw the deceased alive on abave, (N/We), did (did no	1 13	19_	80 , an	d that in (my) (our opinion d	leoth occurred or	n the date and ho	ur and from the	couses stated
		22b. SIGNATURE	III view ine bady c	iller dealli.	(DEGREE			22c. DATE	SIGNED
		Calhania	n <m< td=""><td>MIL N</td><td>0</td><td>ATTENDING PHYSICIAN</td><td>MEDICAL DIRECTOR </td><td>STAFF PHYSICIAN DO</td><td>1/1</td><td>3/81</td></m<>	MIL N	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN DO	1/1	3/81
-		22d. PHYSICIAN'S NAME (TYPE O	R PRINT}	WAY 1	11)	22e. ADDRESS) DIRECTOR [] 1	Machine		2101
		Catherine S	May	0		THE SHARE ASSESSED.				
	23n P	URIAL, CREMATION, REMOVAL	23b. DATE	123, N	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO)N		
	(SPECIFY)		10.		aven Mem.Pk	CITY OR TO	OWN	COUNTY	STATE
	24 FI	Burial JNERAL DIRECTOR	16 JA			250 DATE		Burnie	TRAPS SHIPMAT	MD.
		NAME DELLE	le -	ADDRESS	len	Burnie, JAN	1 1 6 19	31	Chay / Hole	ready
		Singleton E	uneral	Home	Md	•		100		

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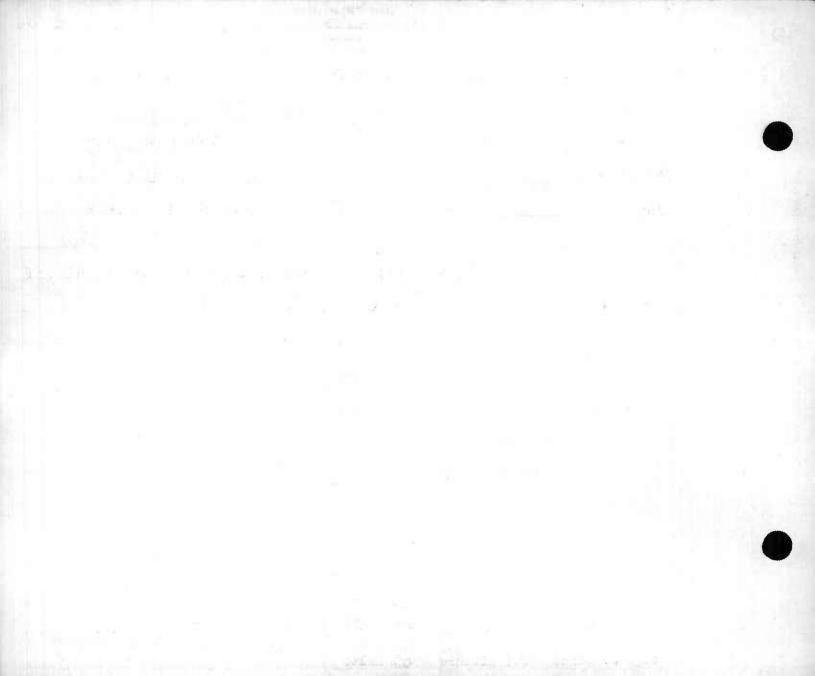


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DIRECTOR STATE	fe	emale	wł	nite	JUNI J	- 10.19	YEAR 46	34	YRS.		Hours	MIN,	PRONOUI	NCED		1	3 19	,81	2:20		
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ATH. IF S 1, 2, PM 3. VD 2 SI VITAL	14 F.	ATHER'S NAME			MIDDLE			LAST		15. MOTH	ER'S MAID	EN NAME		AIDDLE							
AND		Rober					An	spach			HEI					Rheinhart					
BALTIMORE, MD. 2120) JRS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND: WITH FORM PM 3: RETA T. PAGES 1 AND 2 HPCOL	16a. \	1. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMAN (Husband) 836-9202 ADDRESS 123 North										MAT	Roland Avenue								
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Labon Wade DEATH MATED 1981 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:00 male white Dec. 19 81 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR I FOREIGN COUNTRY MARRIED NEVER MARRIED & Virgina Baltimore WIDOWED DIVORCED City 3. RETAIN PAGE 5 SHOULD BE FILED AL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Not in Such faculty, Give street address)
South Baltimore General Hospital OR INDUSTRY Baltimore arpenten USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? aruland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A. Bratcher, 910 Pier Point Vietnam 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES T DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 PAGE 4 SHOULD BE FORWARDED TO THE WARD SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BALTMORE, MARYLAND 21201 BENEARTMEN HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2) e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN AT WORK NOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion deoth resulted from Homicide Undetermined monner Natural causes TITLE (SPECIFY) 1/24/81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23c. NAME OF 23d. LOCATION edar Hill emeteru 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** of ully Funeral Home, 130 . Fort Ave. Balto. Md. (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-D. John Wagonhoffer DEATH MATED 1981 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE OF BIRTH 2d HOUR 9:39 2c. DATE LAST BIRTHD AY PRONOUNCED 7, 63 Aug. 1981 Male White , 2, AND 3 TO THE FUNEFALD A 3. RETAIN PAGE 5. FOR YO 2 SHOULD BE FILED WITHIN JAI. RECORDS, 201 W. PRESTON 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED Maryland USA Baltimore City. DIVORCED WIDOWED IB CITY OR TOWN OF DEATH IT, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS or industry
Md. Dry Dock South Baltimore General Hospital FOR MOST OF WORKING LIFE)
Crane Operator Baltimore USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 1670 Poles Road 21221 Baltimore WITH FORM PM 3. R IT. PAGES I AND 2 SH DIVISION OF WITH R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wagonhoffer Elsie Williams Peter 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES! 216 05 9242 Pauline Wagonhoffer, wife Sa me 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Hypertensive and Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (o) HYPETTERSIVE & Disease Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO . EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE Inspection X 22e. I certify that I took change of the remains described above, held an Autopsy and in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) Deputy Chief ACTUAL 1/9/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION Baltimore County, Maryland Holly Hill Mem. Gardens Burial 250. DATE REC'D. BY REGISTRAR DHMH uneral (VR A15 ME (5))

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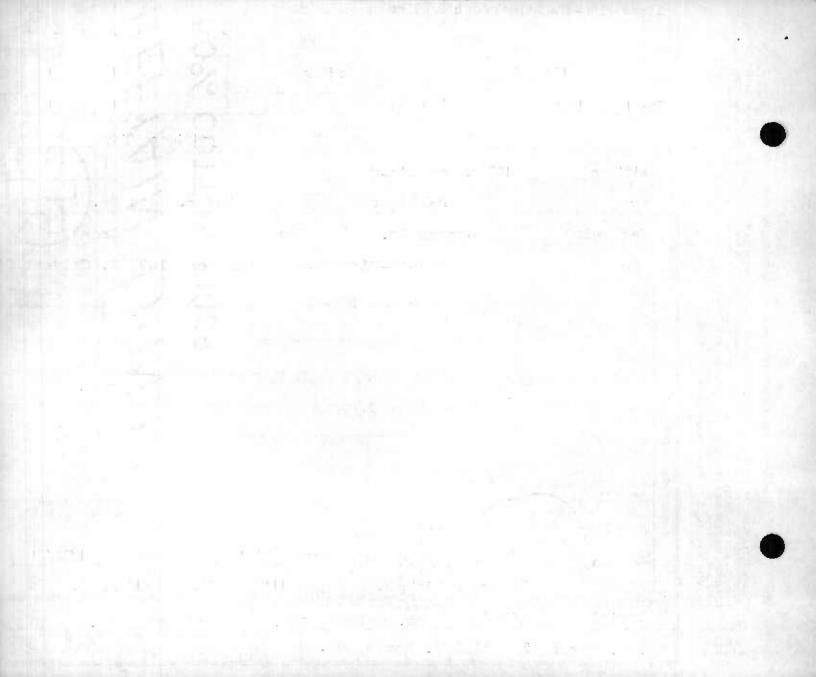
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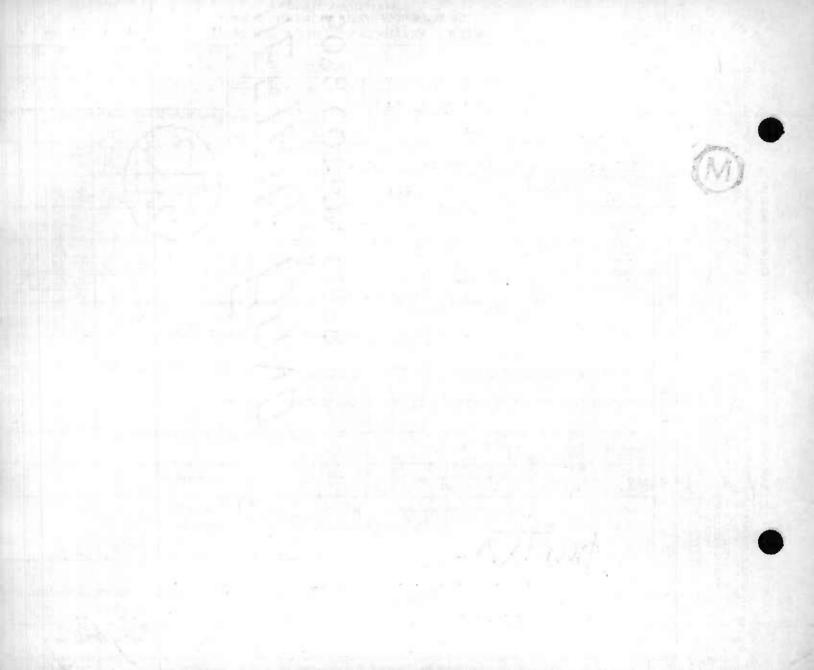
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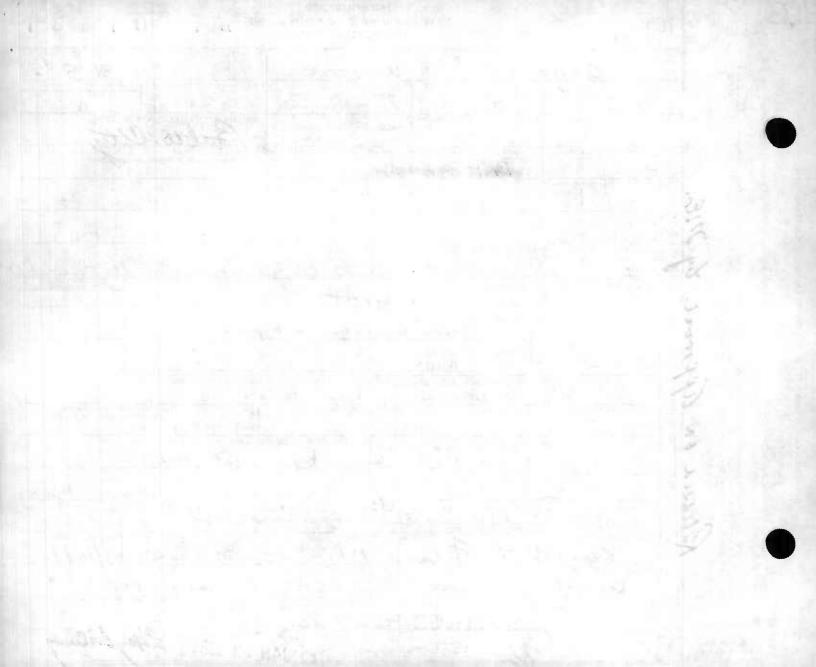


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5	USUA 13a. S	LA RESIDENCE (IF IN NURS	ING HOME OR OTH	ER INSTITUTION,	GIVE RESIDENCE BEFORE 121. CITY, OR DOLLLIN	TOWN	13d INSIDE	CITY LIMITS?	2520 T	ADDRES	ingto	on Bl	vel.	212	230
20		THER'S NAME WILLIAM		DDLE	Staffe	ond	15. MOTH	ER'S MAIDEN Kate	INAME	MIC	DOLE		N	lurry	
1	16a V (YI	AND DECEMBED EACH II	IF YES, GIVE WAR O		217-30	SECURITY NO 2877	Mrs.		Rel	eld	MADDRES 708 W	s 212 Jood L	27	-	2
, cn nerror		Canditions, it or gave rise to i cause (a) stating t lying cause last.	y, which mmediate he under-	AUSE (a) AT (b) (b) (c) (c)	CTETIOSC DR AS A CONSECUTION DR AS A CONSECUTION	DUENCE OF				Lseas	se			WEEN ONSET	
N, CREMATION, OR REMOVAL.	NOIL	PART 2 OTHER SIGNIFICANT							T (a).						
	CERTIFICATION	19a. DATE OF OPERAT			DITION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED?						AUTOPSY?	
1	CAL	210. EXTERNAL CAUSI UNDERLYING OCONTRIBUTING CONTRIBUTING	R AUSE OF DEAT	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	t. HOW INJURY	OCCURRED	(ENTER NATI	URE OF INJU	RY IN ITEM 18	BPARTIORI	ART 2)		
ı	MED	21d. INJURY OCCURRE WHILE AT WORK AT WO	HILE (E OF INJURY (A ACTORY, FARM, ETC.)	THOME, ZII	STREET	34.5	c	ITY OR TOW	N	c	OUNTY		STATE
		220. I certify that I t death resulted Iram: ACTUAL SIGNATURE	Natural ca	1	Accident Accident	neld an A	TITLE (S	Inspection cide SPECIFY) Stant	Undeterm	Inquiry	nner .	nd in my o		1/21/	81
, , ,		SIGNATURE										SIGN	IED		
AFTER DEATH, WITH THE SIL		EXAMINER'S NAME (TYPE OR PRINT)			Guard, M	.D.	ADDRESS_	111 Pe						1201	
BALTIMORE, N	(5	EXAMINER'S NAME	MOVAL 23b. D		23c. NAM Mead	e of cemeter owndige	Y OR CREMAT		23d LOCA DONS	TION	,Ba1	to.,1	ID 21	1201 M	/t

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ENERGIAN . SALTERES

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	1		\$1	ATE OF MARYLAND		0 1 0	E 610
6	1	FOR - STATE REGISTRAR		F HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE 8 REG. NO	U 1 8	3 4
e € ,		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
- dept		PETER	WANCO	WIC7	JANUAR	Y 23 198	11:05 A A
1	3. 5	EX	4 RACE 5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	R IF UNDER 24 HRS
	14	MAKE	WHITE	25 1908	12	YRS.	
30	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MAR	RED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	1-1
<u>20</u>	12	MRYLAND		WED DIVORCED	04671111	ORE CI	MD
35	10	ORYLAND	11. NAME OF HOSPITAL, NURSING HOA	TAL	TVB. USUAL OCCUPATH	ON 126. KIND INDUSTRY	
Nust be	US 133	UAL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI UNITY TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1.117 E	RNE AV
Je Je	11	ATHER'S NAME	19411110	YES NO 15. MOTHER'S MAIDEN NA/	AE SUR S	PURL	(1/2 /10
SOL	1	15 mil	MIDDLE III ALLENILIA	FIRST	WIDDIE	4	AST
	160	WAS DECEASED EVER IN U.S. A		D. 17. INFORMANT	ADDRE	ss ol	,
medicol		(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 21601 890.	3 MARY WAN	160WICZ	6025.2	UZEROVE
the		18 CAUSE OF DEATH (Enter	anly ane couse per fine for (a), (b), and (g)			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
Ne Ne			SED BY: ATE CAUSE (a) CARD LORRS PIRA	MORY CARRESTELL O	urrest		
o tic e	1	1579	DUE TO, OR AS A CONSEQUENCE O	200	,		
E O O		Conditions, if ony, which	((b) CANCER OF THE		METASOTAS IS		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE O	F			
	1	underlying cause last.	(c)				
ory, o	z	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN IN PART 1	(a)
, v	CERTIFICATION	19a DATE OF OPERATION	1%, CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INICELIEED
2	FIC	THE DATE OF GREATION	176. CONDITION TON WHICH OF EXA	TION WASTERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
	ERT	21a. ACCIDENT WAS UNDERLYING	1216, TIME OF INJURY	21c. HOW INJURY OCCURR	YES NOW	YES THE PART I OR PART 2)	NO 🗌
4		OR CONTRIBUTING CAUSE OF D	BEATH HOUR A.M. MONTH DAY YE	AR			
-1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e. PLACE OF INJURY	211. LOCATION			
	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TO	MN COUNTA	STATE
			outal attended the deceased from	6/1-6 19 8V	1+2323	19.881/	, that (1) We last
21 15		saw the deceased alive of	1/000	, and that in (my tous apinion o	death occurred an the do	ate and haur and from th	-
tem		226. SIGNATURE	nat) view the bady after death.	PEGREE		22c. DAT	ESIGNED
the		2. Edin	400	ATTENDING PHYSICIAN	MEDICAL STAF		23/8/
IMPORTANT		226. PHYSICIAN'S NAME (TYP	E OR PRINT)	In ADDRESS		CORPORATION	
5		KY KWKY XXW	X W. EDWARDS, M.D.		OADWAY. BAL		YLAND 21
≦—	230	SURIAL, CREMATION, REMOVA		F CEMETERY OR CREMATORY	23d. LOCATION	1	
	1	JURIAL	1/27/81 51.	TANISLAUS (2	-m 1011	TO TILE	STATE
0	24	PUNERAL DIRECTOR	Para de la constante de la con			256. REGISTRAR'S SIGNA	TURE
	1/4	MUMPALA /	KACT AUNITEU	71mm (7)	R 9 1001	MARROW	Control

Mary Mary 1881 S 833 MIDOLI

- STATE

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DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

DECEASED NAME

1215 Stevens Avenue Balto. Md. Mohler Md. 21227 Larry A. Warch 1215 Stevens Avenue Balto... APPROXIMATE INTERVAL MULTIPLE MYELOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED DIRECTOR PHYSICIAN Z 900 CATON AVENUE BALTIMORF MD 1/23/81 Burial Meadowridge Mem. Park | Elkridge Howard Co. Md. 250 DATE REC'D. BY REGISTRAR 256 FOLS Baltimore, Md. 21229 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Avenue JAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

21

81

IF UNDER I YEAR

INDUSTRY

B-G-E

26 HOUR

12b. KIND OF BUSINESS OR

21227

IF UNDER 24 HRS

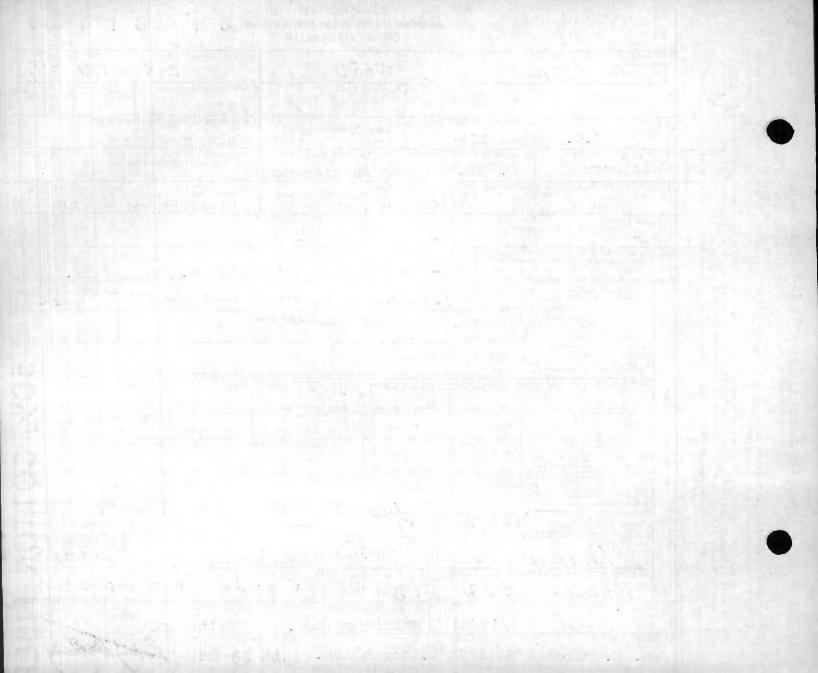
20 DATE OF DEATH

ALTIVERE CITY SALTIMORE ST AGNES HOSPITAL INSERTED STREET . on and an even respect that the second respect to the attended the amount aromet LIST Hear Co. years Co. allowed TULBIONERS ERENA HEREN MULTIPLE STREET SANTANA 18 HE SEE THE BALTIMORE NO 2122 All the second of the second s the control of the co

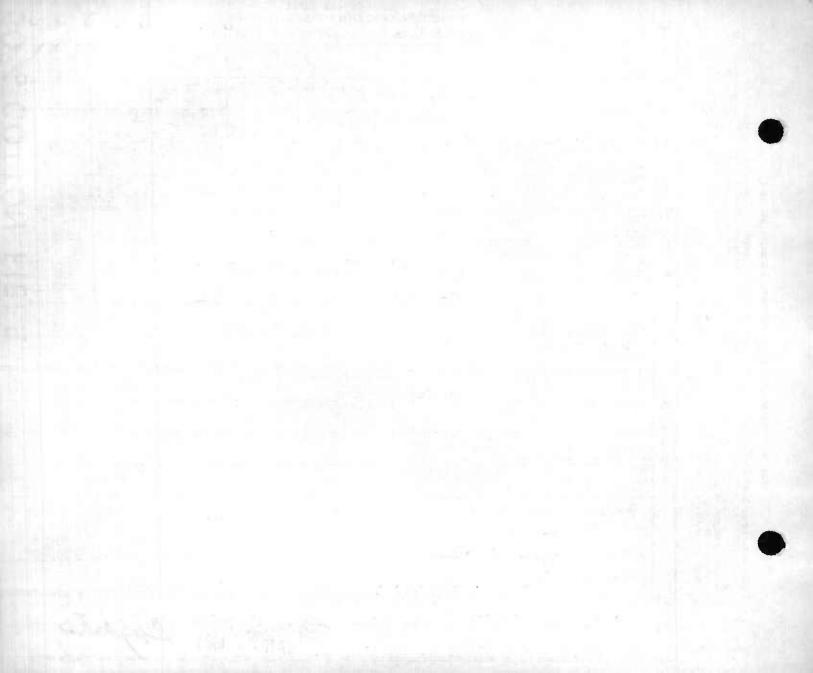
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JOHN EDWARD WARD 4 RACE 5 DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 10 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY aryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bartender umore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13L CITY OR TOWN 13d INSIDE CITY LIMITS? 13g STREET ADDRESS YES A 928 McHenrust. altimore NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE UNKNOW UNKNOW Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore, Maryland (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212.10-6838 Dolores E. Ward 1928 McHenry Street YES WW APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line-for (a), (b), pnd (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OF AS A GONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR APPA FOUSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 110 CERTIFICATION ION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 706. IF YES, WERE FINDINGS USED % DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? he burial-transit permand Mental Hygiene NO YES T NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended, the deceased fram saw the deceased alive on, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL TO FUNERAL should be detect with the State (PHYSICIAN PUDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OR PRINT) 27ª ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION (SPECIFY) CITY OR TOWN 1/6/81 Crownsville Vet. Cem. Burial Crownsville A.A. Co.Md. 24 FUNERAL DIRECTOR Baltimore, Md. 21229 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15. 4) 1/79

PILE PARTY OF THE PROPERTY OF THE PARTY OF T Y S S CENTS TO THE STATE OF STREET STATE S A contract of the second of th

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL H ICATE OF DEATH	YGIENE & REG. N	O	, 3 /
J. Sooth 3		CEASED NAME (PEA		DDLE		RO		MONTH DAY YEAR JAN. 9 198	0 / M
Page 4 may be director page hours after dea	3 SE	Female	4 RACE N€	egro	5. DATE O		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
death. Po uneral dir thin 72 hour		RTHPLACE (STATE OR FOREIGN OUNTRY) N.C.	76 CITIZEN OF W	77	8. MARRIED WIDOWE	NEVER MARRIED (Baltimore city of	re City	MD.
s ofter de by the fur iled within		altimore	11. NAME OF HIS PLEAS		HOME O	Nursing Ho	12a USUAL OCCUPATE {TYPE OF WORK FOR MOST OF	ION 126. KIND	OF BUSINESS OR
ND 2120 124 hour filled in fould be in	13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	ROTHER INSTITUTION, C NTY	Baltimo		134 INSIDE CITY LIMITS?	Pleasar	nt Manor N	I/H
MARYL, and within mpletely ond 2 st	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME , WIDDLE		LAST
MORE, A	16a \	VAS DECEASED EVER IN U.S. AR yes, no or unknown] { (if yes, giv NO	MED FORCES? E WAR OR DATES	224-38-		17. INFORMANT Paul Smi	ADDRE th 2203 W.		St.
W. PRESTON ST., BALI hat the death certificate i by the attending physicic ose remove carbonappers I, cremation, or removal.		18. CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUSE MAMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause lost.	D BY: TE CAUSE (0) DUE TO, OR (b)	AS A CONSEQUENT	NCE OF 7	g liver v uren	E lever of	Carleero BETWEE	OXHAATE HATERVAL IN ONSET AND DEATH
requires trequires trequir	NOI	PART 2. OTHER SIGNIFICANT (1686			
AL RECORD he low requion on the been s t permit. The	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ON FOR WHICH (OPERATIO	N WAS PERFORMED	20¢ AUTOPSY?	1206. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
DIVISION OF VITA NG PHYSICIAN: T offending physici fiter this certificate os the buriol-tronsi th ond Mental Hygi	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.A	A. MONTH DATA.	Y YEAR	216. HOW INJURY OCC	URRED (ENTER NATURE ÓF ÍNJU		
ONISIC Offer this fer this os the b th ond J	WE	WHILE ONOT WHILE O	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
A ATTENDII hospirol or RECTOR: A red for use pt. of Heolt		22a.1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no	jan 9	1 198			on death occurred on the d		
0 0 0 0 0		226. SIGNATURE	el Le	un	1		MEDICAL STA		19/8/
TO HOSPITAL equined by the TO FUNERAL should be deter with the Stote		MANUEL	LEVI	N M.	D.	6/0/ PK F	GTSAVE BY	HOMP.	21215
273/BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 1/14/			emetery or cremator	23d LOCATION CITY OF TOWN Baltime	county	STATE MD
DHMH - 16 25M (VR A 15 (4)) 9/74		UNERAL DIRECTOR NAME C. March				25c. [25h III ISTRAR'S SICN.	ATURE



6		FOR		0	EPARTMEN	STATE OF A	AARYLAND I AND MENTAL I	HYGIENE	n	183	8
10		STATE REGISTRAR		MED	DICAL EX	AMINER'S	CERTIFICATE		REG. NO.	1 0 0	
		CEASED NAME	FIRST		MIDDLE		LAST	2ª DATE KI	NOWN X M	AONTH DAY YEAR	26. HOUR
	1	. On PRIITI	Cleav	ither			Wardlow	DEATH A	AATED	1 19 19 8	1
	3. SEX	4. R	ACE	5. DATE OF BIRTH MONTH DAY		GE I IN YEARS IF UN		R 24 HRS. 2c. DATE		ONTH DAY YEA	7d HOUR 5:10
		ale	Black	2 5		64 YRS.		DEAD		1 19 19 8	1 p M
10	7a. BI	RTHPLACE ISTATE		7b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MARE	RIED 🔲	_	OUNTY OF DEATH	
1	10.61	TY OR TOWN OF	s.c.	USA		WIDOV		CED XX I		work 12b KIND OF	MD.
9		Baltimo	re	1231 T	Jinston	Avenue	ER INSTITUTION	FOR MOST OF WORKII		OR INDU:	STRY
<	13a. S		13b. COUNT	R OTHER INSTITUTION, GIV	13c. CITY OR Balt	RE ADMISSION) TOWN	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	s insto	n Ave.	
	T4. FA	THER'S NAME		MIDDLE	LAST		TS MOTHER'S MAID	DEN NAME	DLE	LAST	
72		Cipio			Wardl		Daisey	111100			
	16a. V	AS DECEASED EN	ER IN U.S. ARM	MED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS		
		no			185-	07-7112	Robert	Wardlow	1231	Winston	
				y ane cause per line		. , ,				APPROXIM BETWEEN ON	ATE INTERVAL
		1146	IMMEDIAT	E CAUSE (a) A1			Cardiovas	cular Disea	ase		7 6.00
IL CREMATION, OR REMOVAL.		Canditions	if any, which	DUE TO, OR	AS A CONSEQ	UENCE OF					
X.	-	gave rise	ta immediate	(b)	AS A CONISSO	UENICE OF					
		lying cause le		DUE TO, OR	as a conseq	UENCE OF					
	1 3	PART 2 OTHER CIGNIE	ICANT COMOLTIONS C	ONTRIBUTING TO DEATH E	HET MOT BELATED TO	O THE TERMINAL DICEAS	E OR CONDITION GIVEN IN P	APT 1			
	Z	TAME OTHER STORM	-			Mellitu		ANT CIGI.			
-	1 8	19a. DATE OF OP	ERATION				/AS PERFORMED?			20 AUTOPS	Y?
2	문									YES [NO IX
0	CERTIFICATION	210 EXTERNAL C		216 TIME OF			OW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART		
3		UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DA	Y YEAR					
	MEDICAL	21d INJURY OCC	URRED	71e PLACE C	OF INJURY IA	THOME, - 211. LC	CATION	CITY OR TOWN	N	COUNTY	STATE
	1 2	AT WORK	T WORK	STREET, PACI	ORI, PARM, EIC.)		JIREE	Citt OR TOW		COUNTY	SIAIE
		22a I certify th	nat I taak charge	e of the remains desc	ribed abave, h	eld on Autor	osy , Inspection	on . Inquiry	X, and in	my opinion	
		death resulted f		al causes X	Accident	, Suicide	, Homicide .	Undetermined man	ner .		
	18		11	9.0			TITLE (SPECIFY)				
_	1	ACTUAL SIGNATURE	lugu	ug Thou	an		A.D. Assista	nt MEDICAL EXAMI	NER	SIGNED 1/20	/81
1	2	EXAMINER'S NA	ME 17.	inia t	001	M D		111 0	- Ch	- 4	
		(TYPE OR PRINT)	VILE	ginia L. I			ADDRESS	111 Per	in Stre	et	
	23a. B	URIAL, CREMATIO	N, REMOVAL 2			E OF CEMETERY C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	74 F	Burial UNERAL DIRECTO	R	1/24/81	lKin	g Mem.	Park 250. DATE	Baltim REC'D. BY REGISTRAR		Md.	
	-	NAME		ADDRESS	מי ו	North 7	188		butter		
		Wm C M	arch F	/11 11	JI E.	North A	ve. Juni			1	



	1	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 U	1 8 3 4
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ath ath	(TYP	E OR PRINT)	Baby Boy Ul	arren	1-0	13-8/ 7/7 DI
s after de	3 SE	* Male		E OF BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER I YEAR IF UNDER 2 HRS
72 hours		IRTHPLACE (STATE ORFOREIGN)	1/4)	RIED NEVER MARRIED X	Baltimore City or Count	Y OF DEATH City M
by the fune ed within 7	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING HOMI		12e. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OF
r filled in		AL RESIDENCE 1# NURSING HOME OR OF STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO TY 13c. CITY OR TOWN		130 STREET ADDRESS R+6	Welcome Md 20693
completely fille	14. F.	ATHER'S NAME Ronald	ADDIE Risore	Is MOTHER'S MAIDEN NAM Brenda	MIDDLE	Warren
Pages 1 tr. the me		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) IP YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
nysicia apers. noval. event		IN CAUSE OF DEATH (Enter only	y one couse per line for (0), (b), and (c)	arrest		BETWEEN ONSET AND DEATH
ed by the attending asse remove carbon ial, cremation, or r 'y, or other trauma		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Membrane D	isease	Buth
s been signe nit. Then ple prior to bur ws any inju	TION		ONDITIONS <u>CONTRIBUTING TO DEATH</u> BI			
ificate has b nsit permit. Hygiene pri m 18 shows	CERTIFICATION	1-23-81	1001-101	Arteriosis	YES NO NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
nis certific rial-transi Aental Hy or Item	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIF EITHER, NOTIFY MEDICAL EXAMINER)	THE PARTY OF THE P	AR .	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2
After th s the bur th and M marked	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: for use a . of Heal em 21 is		22a.1 certify that (1) (this haspite sow the deceased alive on abave, (1) (we) (did) (did not	Jan 23 19 8/	and that in (my) (our) apinion	to Soul 23 death occurred on the date and ha	ur and from the causes stated
ERAL DIR s detached State Depi ANT: If It		William)	a. Barkey, M.J	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27/8/
Should be de with the Sta		274 PHYSICIAN'S NAME (TYPE OR William A-	Pankey, N.D.	Univ. Md.	Hosp. Dept.	Pediatrics
<u> </u>	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	1/29/81 23c NAME OF	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
HMH-16 25M RA 15, 4) 1/79		uneral director Anatomy Board	Balto., Md.		R 11 1981	TRAR'S SIGNATURE

Anabosy Bound - Palto. (18.5)

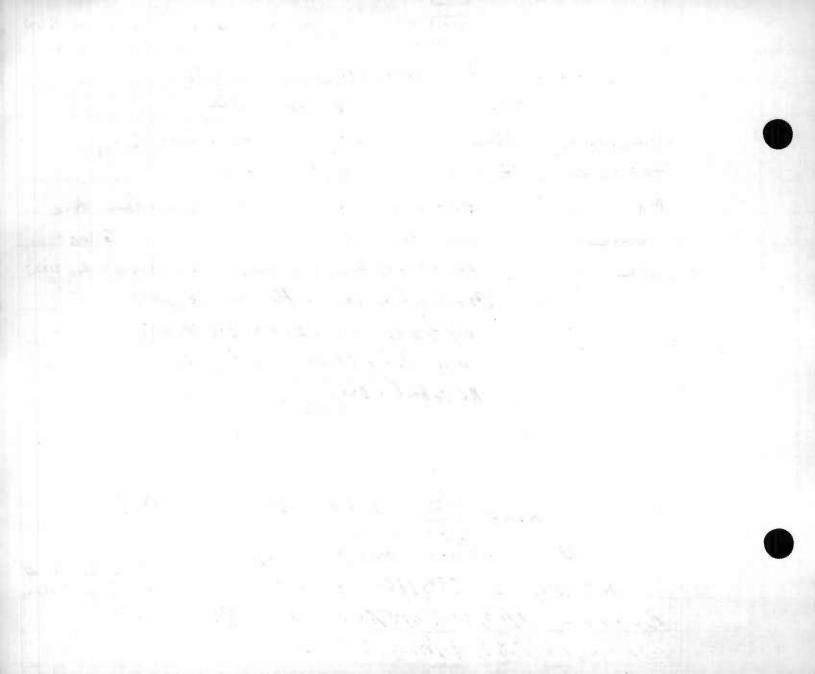


3	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	
be eath		CEASED NAME FIRST OR PRINT) DOROTHY	T. W.	A SHINGTON		1-27-81 1:45 M
ge 4 moy	1.SE		4. RACE	S. DATE OF BIRTH MONTH 10-26-23	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Pog	Je H	RTHPLACE ISTANGON OFFICE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	R COUNTY OF DEATH
s ofter d	10.0	et, City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUGH FACILITY, GIVE STREET Proportion Con	NG HOME OR OTHER INSTITUTION ADDRESS! LEVED 6	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
filled in could be f	13a. S	AL RESIDENCE (IF NUISING HOME OR TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS	alway apt, 7C
mpletely ond 2 sh	14. FA	THER'S NAME FIRST	MIDDLE PARKE	15 MOTHER'S MAIDEN N FIRST LDUISE	AME	SOLNSON
n and co		VAS DECEASED EVER IN U.S. AR. (15, NO OR UNKNOWN) (15 YES, GIVE	RMED FORCES? 166 SOCIAL SECTION OF DATES)	JRITY NO. 17 INFORMANT -3695 MAKGARET	wills d	ss enterville Md
physicia npapers: movol.		PART 1. DEATH WAS CAUSE	nly one couse per line for (a) (b), or ED BY: TE CAUSE (o)	tatic breast	la	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer ittending ve corbo ion, or re		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ence of to theracic	+ lumba	~
hat the dec by the offe ose remove I, cremotion		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	spire	
equires to signed. Then ple re to buria	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
The low re ricion. The has been the has been sit permit. I giene prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Z & S O O T &		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
NG PHYSICIA r attending pl wher this certif os the buriol-t th and Mental orked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE-
R ATTENDIN hospital or RECTOR. Af		22a.1 certify that (1) (this hospi	ot) view the body after death.	3 - , 19 S	n death occurred on the do	, 19_2/_, that (I) (we) lost ate and hour and from the causes stated
0 " 0 0 0		226 SIGNATURE	A 0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the State I IMPORTANT: If		220 PHYSICIAN'S NAME (TYPE O	A CUEVAS I	4, D. 2201 augo.	ine Dr.	Balt - mo, 2121
28 24 \$ 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 4 5 6 5 6		BURIAL, CREMATION, REMOVAL SPECIFY)	. 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY EDAR HILL CEM	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR NAME ROLLN - THO	masex F.H. 19	25a. D.	AN 29 1981	25b. REODTRAR'S SIGNATURE
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	3	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	01842	2
(M)		(TYPE	EASED NAME FIRST OR PRINT! ELIZA	BMIODIE	WASH	ington	2e. DATE OF DEATH	MONTH DAY YEAR 28 HOUR 9:15	M
age 4 m ector, p	o uce.	3 SEX	Emale -	Black	S DATE O		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN	
death. P		C	DUNTRY	CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED	Baltimore CITY O	R COUNTY OF DEATH	MD
ours after ours after by the fur	To not not			NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GN reater Penna	NURSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OR .
hin 24 ho	Timer mg	13a S	RESIDENCE (IF NURSING HOME OR OTH TATE Md .	13c CITY O	r town 2 to.	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	2803 Sante 46 Balto MJ 21215	
MARYL, uted with mpletely and 2 sho	200	14 FA	THER'S NAME FIRST MIDD	DLE LA	ST	IS, MOTHER'S MAIDEN NA	WE	LAST	
TIMORE, te be exec an and co Pages 1 a	t, the me	16a V (Y	AS DECEASED EVER IN U.S. ARMET ES, NO OR UNKNOWN) (IF YES, GIVE WA NO	R OR DATES)	1 SECURITY NO 5 4394B	17 INFORMANT John H. Clayb	orne 2803 S	anta Fe Ave.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou strending physician. After this certificate has been signed by the attending physician and completely filled in best the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file.	urial, cremation, or removal. ury, or other traumatic event		RADISE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	Y; AUSE (0) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	e Heart leatec	tailure least des	MAPPIONIMATE INTERVILL METWEEN ONSET AND DEAT	_
AL RECORDS, 'S. The law require has been sign permit. Then E	Hygiene prior to burial m 18 shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON NO DATE OF OPERATION	BRAKEN 196 CONDITION FOR V	Syla	brome_	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \cdot \text{NO} \square \text{NO} \square	
SION OF VITA IG PHYSICIAI ding physician er this certifice e burial-transit	or Ite	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY	19	21c. HOW INJURY OCCURI			
ATTEN pital or a ECTOR for use	rt, of Health and N tem 21 is marked	ME	WHILE AT WORK NOT WHILE AT WORK 20a I certify that (I) (this hospital) sow the deceased alive an above, (I) (we) (did) this not) vi	1-2	from 9- 1981, or		to	te and hour and from the couses stated	ost
HOSPITAL ined by the FUNERAL	with the State Oep		22%. SIGNATURE	Jean OS/FQ		ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		-
15/0 BP	IMI	23o. E	URIAL, CREMATION, REMOVAL PECHY	23b. DATE / 1/6/81	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Arbut	COUNTY STATE	=
DHMH-1 (VRA 15,	6 25M 4) 1/79	24 FL	MARKETOR RECTOR PRIME	4 FH 200		elect the	E REC'D. BY REGISTRAR 5 1981	25b. REGISTPOR'S SIGNATURE	/

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2 5		CEASED NAME FIRST	MI	DDIE	LAST		REG. NO 2e DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	{TYPE	OR PRINT!	La:		Wawzyn	ink		1 14	81	
nce.	3 SE	mak	1 RACE	i te	5 DATE OF BIRTH	1896	AGE (IN YEARS LAST BIRT	HDAY] IF U	NDER I YEAR THS OAYS	IF UNDER 24 H
liebel 7		RTHPLACE (STATE OR FOREIGN DUNTRY) Poland	76 CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER	MARRIED	Baltimore City o	R COUNTY OF	DEATH	
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SE mine	USU- 13e S Ma	AL RESIDENCE IN NURSING HON STATE ISSUED	AE OR OTHER INSTITUTION, COUNTY	IVE RESIDENCE BEFORE	ADMISSION) 13d. IN SIDE (CITY LIMITS?	13. SIREET ADDRESS 6561 Parne	ell A ver	nue	
Sical example 20	14 FA	THER'S NAME FIRST UIT KNOWN	WIDDIE	LAST		'S MAIDEN NAM FIRST	.E MIDDLE		LAS	t
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nt, t		no		216 10	0234 Stan	ley Wise	1208 Walt	ters Ave		21239
shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICA			OPERATION WAS PERF		20a AUTOPSY?	DITION GIVEN	ERE FINDIN	GS USED OF DEATH?
or Item 18 sho	RTH	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	ALII IBV	In now		YES NO	YES		№ □
ked or Item	-	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M	MONTH DA	Y YEAR		ED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1	OR PART 2	
marked	MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATI STREET		CITY OR TOW	W I	COUNTY	STATE
m 21 is m		22a I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di	on	19	, ond that in (my) (aur) apinion d	, to eath occurred an the do	ote and hour an		that (I) (we couses state
: If Item		226 SIGNATURE	17 50	wh	[11/]	ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE	SIGNED
N		224 PHYSICIAN'S NAME (T	PE OR PRINTI	School	22e ADDRE	1/1/1/	South.	3 11	n-1	2/2
with the State De		SURIAL, CREMATION, REMO	VAL 23b. DATE	(1/2 00 10	IAME OF CEMETERY OR	. (6/9//	123d LOCATION	10,11	101.	est of a

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Deborah Jean Caesar Weathers 3 81 IS NECESSARY, PLEASE E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W PRESTON STREET, SEX 4 RACE IF UNDER 1 YR. MONTH DAY 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE 28 RTHDAY MON PRONOUNCED black 52 19 81 female 10:19 DEAD YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) VA USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Johns Hopkins Hospital PM 3. RETAIN PA ND 2 SHOULD BE VITAL RECORDS, 2 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 2000 MD Baltimore E. North Ave. YES THE NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE MIDDLE LAST LAST Lee Ray Elizabeth Caesar Scott Caesar 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO, OR UNKNOWN Yes 215-60-4982 Lee Roy Caesar 4910 Crenshaw AVe APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Gun shot wound of head Gun: Unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA OF PRIOR TO BURIAL, C 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS REPAGE 3 SHOULD BE STATE DEPARTMEN 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR TO MONTH UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY street, factory, farm, etc.)
at home 2000 E North Avenue, BaltimoreCity, AT WORK X MD AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFIER DEATH, WITH THE STINGNORE, MARYLAND, 2 Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection ond in my opinion Homicide XX Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL 1/4/81 Assistant SIGNATURE 111 Penn Street, Balto.MD 21201 Guard, M.D. Hornez R. EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 23b. DATE Burial SWD Baltimore 1/8/81 Baltimore Cemetery BY REGISTRAR 256 POGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. **DHMH-17** 1101 E. North Ave. 1981 C. March F/H Wm. (VR A15 ME (5) 15M 2/80

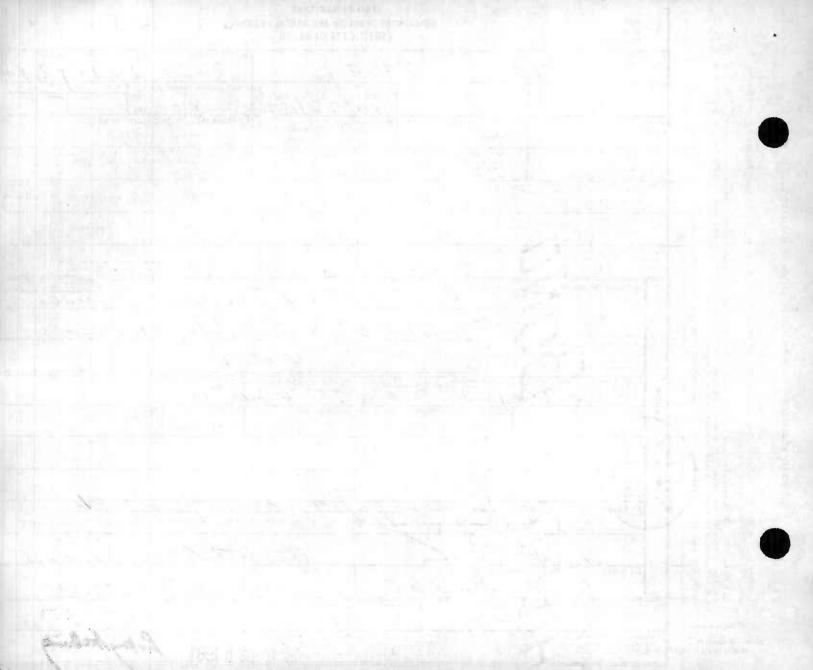
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME KNOWNXX MONTH DAY YEAR TYPE OR PRINTI ESTI-1. IF ANY DELAY IS NECESSARY, PLEASE
2. AND 3 TO THE FUNERAL DIRECTOR.
1.3. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BE FILED, WITHIN 22 HOLIS.
AL RECORDS, 201 W, PRESTON STREET 81 JOSEPH DEATH MATED WEBSTER 10 4. RACE YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS TACHOOK DATE 24. DAY LAST BIRTHDAY black male PRONOUNCED 81 16 1911 69 DEAD YRS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIEDX X NEVER MARRIED MARYTAND USA Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MOVING 12b. KIND OF BUSINESS Baltimore OR INDUSTRY Provident Hospital MOVER COMPANY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 1201 VIOLET AVE APT1207 AND 2 SHOP 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE JOSEPH AGNES WEBSTER SUMMERVILLE A. VE PAGE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS PAGES 1 DIVISION 218-05-9659A TROY 2900 ELGIN AVE MARGUERTTE W. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, AT WORK NOT WHILE STREET, FACTORY, FARM ETC 1 CITY OR TOWN STATE COUNTY X 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted fram Hamicide Undetermined manner Accident Suicide TITLE (SPECIFY) ACTUAL Assistant 1-2-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. DADDRESS Pemn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 1-6-81 CEDAR HILL CEMETERY COUNTY MD. ANNE ARUNDEL BP 24. FUNERAL DIRECTOR BY REGISTRAR **DHMH-17** NAME 3035-37 NORTH AVE (VR A15 ME (5)) 15M 2/80

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	tar, page 3			MIDDLE A RACE WHITE	OVE	DAY YEAR		MONTH DAY YEAR 2 4/8 HPAY) IF UNDER 1 Y	R 26 HOUR EAR MANDER 24 HRS AYS
•	r deoth. Poge funeral direct othin 72 havis.	GE	IRTHPLACE , STATE OR FOREIGN RMANY ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTY OF HOSPITA	MARRIE		9 BALTIMORE CITY O BALTIMORI	E CITY	MD.
D 21201	24 hours after illed in by the uld be filed w	USL 13a	STATE	OTHER INSTITUTION GIVE RESID	E GERIATRIO DENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	OTTO THE STREET ADDRESS 1906 PARK	F WORKING LIFE) INDUST	ED CARS
MARYLAND 2120	ond 2 should me within 2	0 14 F	MARY LAND ATHER'S NAME FIRST AUGUST	MIDDLE	ETIMORE EIL	YES (X) NO () 15 MOTHER'S MAIDEN NA. FIRST ALMA	ME	UNI	KNOWN
BALTIMORE,	be execution and corrs. Pages I		NO	(E WAR OR DATES)	-16-0416	MRS.ROSE WEI	ADDRE	KYS CT. (21	
W. PRESTON ST.,	equires that the deoth certificate E signed by the ottending physicia Then please remove carbon popers to buriol, cremation, or removal.		PART 2) OTHER SIGNIFICANT	DUE TO, OR AS A C	SF(A) ONSEQUENCE OF ONSEQUENCE OF		AILARE E PALMO MAE INAL DISEASE OR CONF	VRY YE	PROXIMATE INTERVAL FERN ONSET AND DEATH AND STATES THOSE STATES THOS
DIVISION OF VITAL RECORDS, 201	Clan: The low requiphysician. rificate has been solutions it permit The July Hygiene prior to 18 shows ony injury.	CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		N WAS PERFORMED	200 AUTOPSY? YES NAME RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAU YES RY IN ITEM 18, PART 1 OR PART	ISES OF DEATH?
DIVISION OF	DING PHYSICIAL or attending ph After this certifi se as the buriol-tr alth and Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	AIR		21f. LOCATIÓN STREET	CITY OR TOW	VN COUNTY	STATE
•	OR ATTEN he hospital DIRECTOR: ached for us Dept. of He If Item 21 is		27a. I certify that (I) (this hosp sow the decessed alive are above, (I) (we) (djd) (did no 22b. SIGNATURE	on view who body offer dec	oth. 19 5, 0)	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	HEDICAL STAF	22s. D	the couses stoted ATE SIGNED
200	TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote	23a.	BURIAL, CREMATION, REMOVAL	AW-WIN L 23b. DATE		CEVINDAL EMETERY OR CREMATORY	E GERYATA 23d. LOCATION CITY OR TOWN	COUNTY COUNTY	2/2/5 STATE
111	OBP	24 5	BURIAL UNERAL DIRECTOR SOLE LEVINSON &	1-25-81 BROS 66	CHEVRA 010 REISTE ALTIMORE,	AHAVAS CHESED RSTOWN RD 250 DAT MD. (21215)	RANDALL E REC'D. BY REGISTRAR 2 8 1981	STOWN MD.	URE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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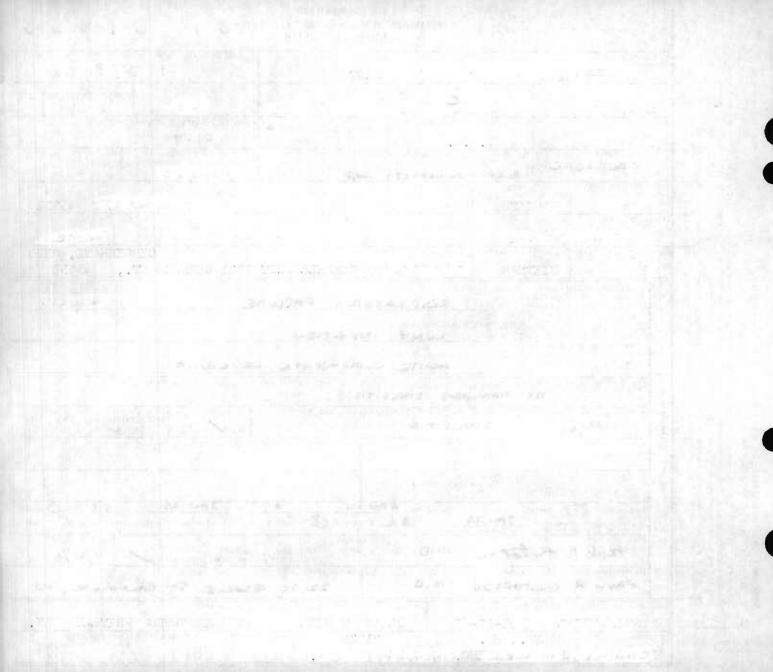
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+.	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MI		IENE 8 PREG. NO.	1851
		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
be oth	(ITTE	EDWARD		V.	WELS	KO		1 5	81 6:00A M
No Populario	3. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 mo	ů.	MALE	WH	ITE	nonth 1	16	2°EAR	60 YRS.	ONTHS DAYS HOURS MIN.
Po Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MA	DDIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Con nero	110	PENNSYLVANIA	UX.	S.A.	WIDOWE		DRCED	BALTIMORE CITY	MD.
with the fee	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INSTIT	UTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
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NND 212 1.24 hou ould be in ould be	13a. S	TATE MARYLAND	R OTHER INSTITUTION	13c. CITY OR TOV BALTIMO	WN	13d. INSIDE CITY	Y LIMITS?	13e. STREET ADDRESS 4919 HAZELWOOD A	VENUE 21206
2 sh	14 FA	THER'S NAME FIRST	MIDDLE	7241		15 MOTHER'S A		ME MIDDLE	LAST
MAN mple		STEPHEN	MIDDLE	WELSKO		MAF	RGARET	WIDDEE	KUBA
recut cond co		AS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMAN		ADDRESS	
Page ex			III	207 03	5871	Margar	et 1.	WELsko - 4919 Haz	zelwood Ave.
or, BALI rtificate l physicio onpopers emaval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	nly one couse pe ED BY: TE CAUSE (o)	er line for (o), (b), o	nd (c).) 10 PU (romary	ARRES	T. Carlotte	BETWEEN ONSET AND DEATH
STON S trending re carbing an, ar ri		2869 Conditions, if ony, which	DUE TO, O	OR AS A CONSEQU	JENCE OF	INATION	,		IDAY
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sign sign hen fo bu	N		_	RCINOMA			KT10N	INAL DISEASE OF CONDITION GIVE	IN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician. Where this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The state of the medical examiner must be in a carbon paper.	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH	_	•			WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
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ding ding ding AYSK	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	1		COUNTY STATE
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R All hosp hosp hed hed sept.		22b. SIGNATURE	View the bod	y offer death.		DEGREE			22c. DATE SIGNED
the other of the other oth		Land	es /h	elads	CHA		TENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/5/81
SPITAL I by the NERAL NERAL be det s Stote		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS			12/0/02
TO HOSP retoined TO FUNE should be with the S	22			DSON MD	NAME OF S	3900 LO		VEN BLVD., BALTIN	MORE, MD 21218
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DHMH-16 30M 2/80 (VRA 15, 4)		ohn (. Miller	Inc-641	5 Belain	Rd2	206	JAN	e rec'd. by registrar 256. posistr V 6 1981	RAR'S SIGNATURE

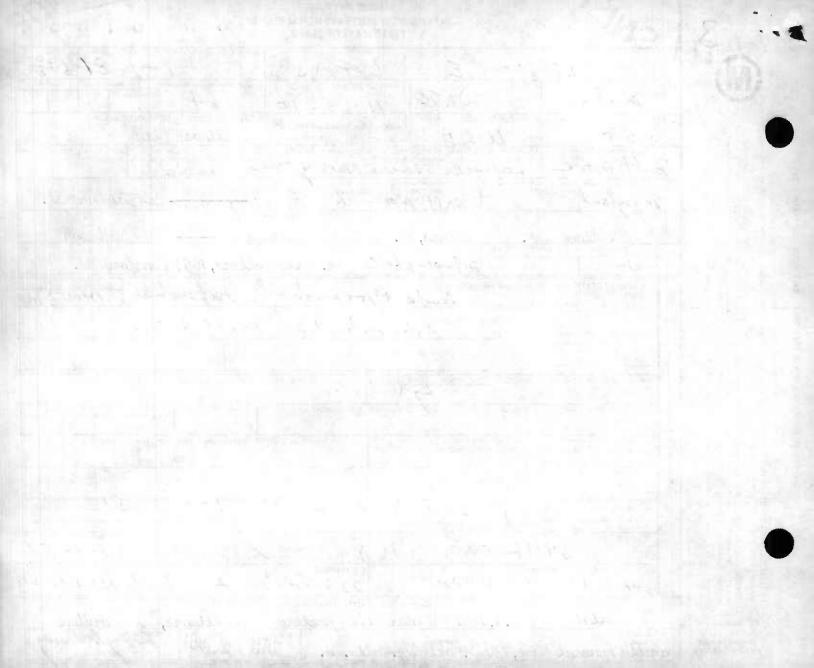
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	L	FOR STATE REGISTRAR	- 15 S	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 1 0	1 8 5 2
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and by	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE TY 13c CITY OR T - 3.7 LJ	OWN 1134 INSIDE CITY LIMITS?	13A STREET ADDRESS HAMILTON	W.H
unted with	14. FA	CHARLES	MEH M	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
e be exec an and co Pages 1.1	16a V	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SI WAR OR DATES) 2/2-16	. ^	DAVIS STEW	PARTSTOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
w requires that the death an signed by the attending Then please remove carbon r to burial, cremation, or ny injury, or other trauminy injury, or other trauming in the contract of the contra	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSE	iosclesofic hear		GERRY EN IN PART 1101
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DING PH ttending I After thi s the buri th and Mi marked o	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
cort ATTEN hospital or a DIRECTOR: hed for use a Dept. of Heal If Item 21 is		22a I certify that (I) (this hospitsow the deceased alive on above, (I) (we) (did) (did not 22b SIGNATURE	1/2/8/	DEGREE	death occurred on the date and hour	19, that (I) (we) lo and from the couses stated 22c. DATE SIGNED
TO HOSPITAL retained by the should be detect with the State I IMPORTANT:	220	22d PHYSICIAN'S NAME (TYPE OR R. B. B.	AGNO	7811 W.	se Ave. the	/222
UPBP	(BURIAL CREMATION, REMOVAL	13b. DATE 10/81	31 NAME OF CEMETERY OR CREMATORY 67K LAWN	BALTG	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME J.G. CONN	VELLE 300		1 2 1981	RAR'S SIGNATURE

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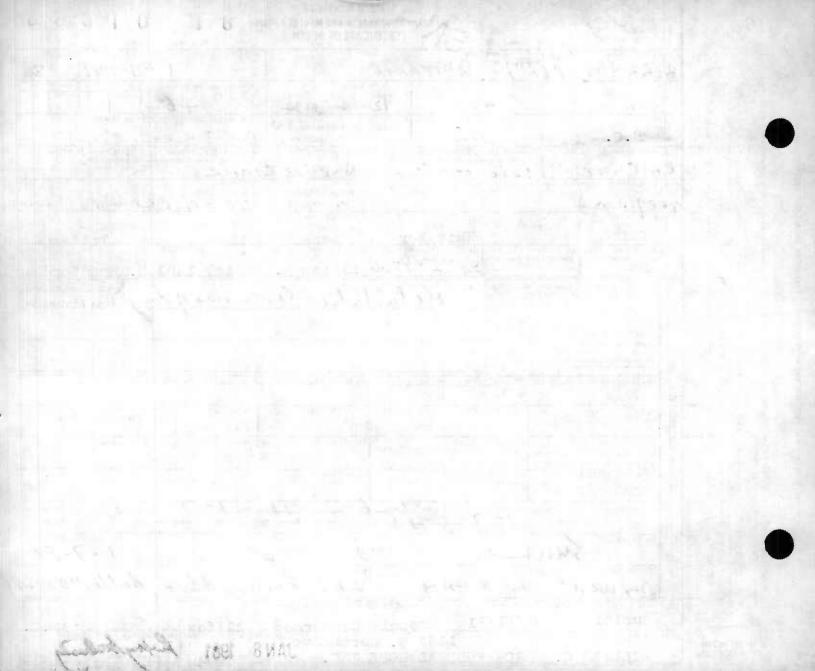
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° ω€		CEASED NAME FIRST	31143331	WIDDLE			20 DATE O	DEATH	MONTH DAY		2b HOUR
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E 15 5	3. SE	X	4. RACE		5. DATE C		6 AGE (IN)	EARS LAST BIRT	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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deoth.		CENNESSEE		S.A.	WIDOWE	D DIVORCED		CITY			JW.
by the furthilled within	10. C	13 ALTINO RE	(IF NOT IN S	F HOSPITAL, NURSING HACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION FOR MOST OF	F WORKING LIFE)	17b. KIND O INDUSTRY	F BUSINESS OR
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× 50 79 4	1		GIVE WAR OR DATES) ETNAM	293-56-	2779	ZARRELL WI	EST 7221				231
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ow reformer prior on yield	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
he lo.	문	1/22/81	12-00-00	INUSITIS			YES TO	NOU		NG CAUSES	
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NG PHY offer this fer this os the bu sh and M orked or	ME	WHILE O NOT WHILE O		STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
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OR ATTEN The hospital DIRECTOR: oched for us Dept. of He		obove (D(we) (did) (did 22b. SIGNATURE	not) view the boo	dy after death.		DEGREE				22c DATE	
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(VRA 15, 4)	H	JBBARD FUNERAL	HOME,	INC. 4107	WILKE	NS AVE.	FEB 2	1981			1/





12	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 0	1855
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I With		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
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TOR: Af for use o of Heoltl 21 is ma		22a.1 certify that (I) (this hasp	nitol) attended the deceased from 5	2011	deoth occurred on the date and hour	, 11101 (1, (110) 1031
AL DIREC detached ate Dept. IT: If them		226. SIGNATURE	Melingson	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO FUNER should be a with the St IMPORTAN		22d. PHÝSICIAN'S NAME (TYPA CPVALE	EN EVAIZ MA	VNION	MEM. HOSP.	
>===== >==============================		URIAL, CREMATION, REMOVA SPECIFY) emBurial	1-8-81 1.	name of cemetery or crematory indenwood	Font Warne	COUNTY STATE
16 30M 2/80	-	INERAL DIRECTOR	11-0-01	905 York Rd. 250 DA	TE REC'D. BY REGISTRAR 250. REGISTRA	AR'S SIGNATURE
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11	1			STATE OF MARYLAND	ella II dia	
7	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1858
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25. HOUR
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1	3 SE	Male	1 RACE Black	S DATE OF BIRTH MONTH DAY YEAR OR 16	6. AGE (IN YEARS LAST BIRTHDAY) WAS YES.	IF UNDER LYEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN
	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Battimore City OR COUNTY Battimore City	OF DEATH
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ORC law law law ior t	온	190 DATE OF OPERATION		CHOPERATION WAS PERFORMED		s, WERE FINDINGS USED
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Spital Sp		obove, (I (we) (did) (did no	19 to view the body ofter death.	81, and that in (m) (our opinion	death accurred on the date and ha	
by the hosp by the hosp ERAL DIRE e detached f State Dept.		RENdolph C	s lungs	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	126. DATE SIGNED
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TO F shoul	230	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	234 LOCATION	
BP	(BURIAL	1-31-81	MIT CALUARY CEN	CITY OR TOWN	COUNTY ME
30/ DHMH-16 25M	24 F	JNERAL DIRECTOR	ADDRESS		RECD. YY REGISTRAR ISH HEGE	BALLY HOUSE BELLEY
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1	1	FOR STATE REGISTRAR		DEPA	RTMENT OF I	HEALTH AND		GIENE B	0	1859
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oy be		KesshnBaby	Gir	1	i	hile		18	1	24 8112:42
oe de de	3. SE	X	4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UNDER 24 HRS
8 2	L	Female	Black		1	24	81		YRS.	MIN.
i M	7 o. 8		76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	D NEVER	MARRIED 3	9. BALTIMORE CITY O		
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with with d 2 s	14. F.	ATHER'S NAME FIRST	AIDDLE	LAST		15. MOTHER	S MAIDEN NA	MIDDLE		LAST
omple lond		/later		Wrigh		Debe				White
n ond co		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (1F YES, GIVE	WED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFORMA		ADDRE		
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rtificote b g physicio onpopers: emovol.		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per	line for (o), (b)	, ond (c).)	-1		0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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quires signe Then p to bur njury,	N N	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1101
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OR ATT e hospi DIRECT oched fo Dept. of	9.	22b. SIGNATURE	view the body	after death.		DEGREE				22c. DATE SIGNED
the the cetock to Did it if it is		Trouma 11.	4.	1 1 1		A	ATTENDING PHYSICIAN [MEDICAL STAF	F	1-26-81
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75 5 42 3 ¥		BURIAL, CREMATION, REMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR (REMATORY	23d. LOCATION		
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DHMH-16 30M 2/80		JNERAL DIRECTOR						E REC'D. BY REGISTRAR	25b. RESISTR	AR'S SIGNATURE
(VRA 15, 4)	В	rown/Thompson	n F H I	913 W	Balto	. St.	FE	B 9 1981	profit	my Me Bushy

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6	FC ST RE				DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	REG. N	0	1 3	6 0
	I. DECEAS	SED NAME	FIRST	1	MIDDLE		AST	20. D	ATE OF DEATH	MONTH DA		26. HOUR 50
y be			LIE		Α.		WHITE			1 28	81	4 PM
9e 4	3. SEX	Female	4.	RACE Whit	te	5. DATE O	DAY YEAR	9	E (IN YEARS LAST BIR	YRS.	NTHS DAYS	HUNDER 24 HRS
lecth. Po	COUN	PLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUN	MARRIE WIDOW	D NEVER MARRIED DIVORCED	- U	BALTIMORE CITY C		OF DEATH	MD.
rs ofter de by the fund filed within	10. CITY C	TIMORE				URSING HOME O	DR OTHER INSTITUTION		SUAL OCCUPAT OF WORK FOR MOST O Teacher	F WORKING LIFE)	Beaut	
filled in ould be		SIDENCE (IF NURSING E 1: aryland	G HOME OR OT 3b. COUNT	THER INSTITUTION. Y		BEFORE ADMISSION) TOWN TIMORE	13d. INSIDE CITY LIMITS	5? 13 <u>. 5</u>	TREET ADDRESS	Charle	Sch s Stre	et
and 2 sh	14 FATHE	r's name First Louis	MI	DDLE	? 145	1	15. MOTHER'S MAIDEN Elizabet		MIDDLE		ichwa ⁿ t	tz
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equires that the death cert is signed by the attending I Then please remove carbon to burial, cremation, ar rer injury, ar atter traumatic ex-	ge co ur PA	anditions, if any, we rise to imme use (a), stating iderlying couse	the lost	DUE TO, O (b) (c)	CRAIVE RAS A CONS	SEQUENCE OF	FOR 1	PiTVII	mary.	TUMO	N IN PART I I O	
NG PHYSICIAN: The law requirented physician. After this certificate has been signs the burial-transit permit. They thank Amental Hygiene prior to the acked or item 18 shows any injurented or item 18 shows any injurented by the statement or injurented by the statement of the statement or injurented or item 18 shows any injurented by the statement or injurented by the statement of the statement	CERTIFIC	ACCIDENT WAS UNDER	RLYING [RIO 216 TIME C	PITU	TARY	N WAS PERFORMED TUMOR 21c. HOW INJURY OCC	YE		IN CERTIFY YES		
DING PHYSICIA or attending pl After this certif e as the burial-t olth and Mental marked ar ttem	WEDIC WATER	FEITHER NOTIFY MEDICA INJURY OCCURRE HILE NOT WHILE	D		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	own	COUNTY	STATE
HOSPITAL OR ATTENDI anned by the hospital or FUNERAL DIRECTOR: A sold be detached for use th the State Dept. of Heal		I certify that for the saw the affective of the saw the affective of the SSGNATURE AND		1828/ 2/1/1/	deceosed f	//00	DEGREE ATTENDING PHYSICIAL 22e. ADDRESS	IG MEI	DICAL STA	FF X		
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20 BP	E	Burial	lors	1/31/			y Valley	DATE DEC	Balto. Di BY REGISTRAR			
DHMH-16 30M 2/80 (VRA 15, 4)		RALDIRECTOR F	-		ADD	s & Sor Nd. 21		FR 2	1981	Rope	y Meby	welly

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Ello. Courty,

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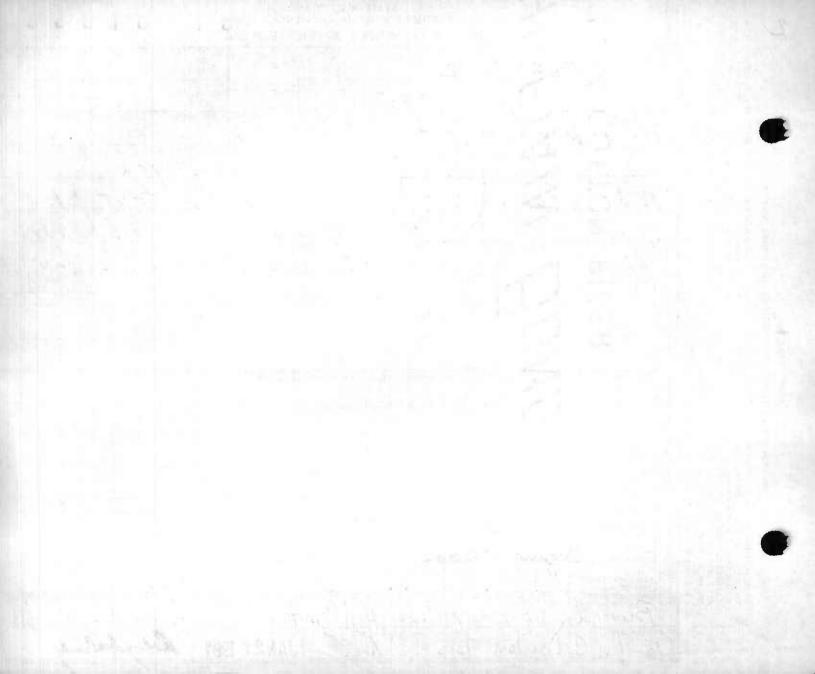
4	1 - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	1001
# n.4	I. DECEASED NAME	TARY WHITE 1-19-8	DAY YEAR 26 HOUR
ge 4 mor	Female.	S. DATE OF BIRTH MONTH DAY YEAR 1. AGE (IN YEARS LAST BIRTHDAY) YEAR YEA	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
(M)39	IRTHPLACE (STATE OR FOR COUNTRY)	REIGN N. CTUZEN OF WHAT COUNTRYT 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OR COUNTRY OF COUNT	MD
by the filed w	10 CITY OR TOWN OF DEAT	(IEAOT IN SUCH FICTURY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 213 tilled in spoid be	11111	NG HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 CETY OR TOWN 136 INSIDE CITY LIMITS? 138. STREET ADDRESS YES NO 130. STREET ADDRESS	Wally 5th
MARYL completely cond 2 is	Lorde /	Hopkins Iola MIDDLE	Coursey
TIMORE on and c n. Poges or medica	160 WAS DECEASED EVER II (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	Holly Street
ST., BAL graphico popage removal event, th	PART I. DE ATH WA	AS CAUSED BY: AND XIC ENCEY MODE POSTY MANEDIATE CAUSE 10)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S DOS
RESTON death a death a death a death a	Canditians, if any, gave rise to imm		80045
of W. P. State the state of the state of common contracts or the state of the state	cause (a), stating underlying cause	1 the last DUE TO, OR AS A CONSEQUENCE OF WYDO VENT LAST	
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ATTEND signted o ECTOR J If for one r, of Hea	saw the deceas abave, (I) (we)	this hospital attended the deceased fram 19 and that in (my) (aur) apinian death accurred an the date and do do not view the body after death.	
RALDER AND THE PART OF THE PAR	226 SIGNATURE Le	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/15/F/
TO HOSPITA TO FUNER Should be d with the Sho	22d. PHYSICIAN'S NA	BENT KUSIQUEN LUTTOSNON NO	5P.
7037BP	230. BURIAL, CREMATION, R (SPECIETY) Burial	1/23/81 Arbutus Mem. Pk. Arbutus	COUNTY STATE MD.
DHMH - 16 50M 1/76	24. FUNERAL DIRECTOR	MARCH FUNERAL HOME INC.	My Melindy

performance of the second Project 1771 to 1 C 1 Miles I VO 18 A KOLICE 74 74 No 4 (3/2) CHAPTER CONTROLLER STATES -AMEDITAL TOUR HE WILL TO ALINE MILED 12/13/12 - x (m. 4/2) x (m) Herbert Kangan Latingan - mass.

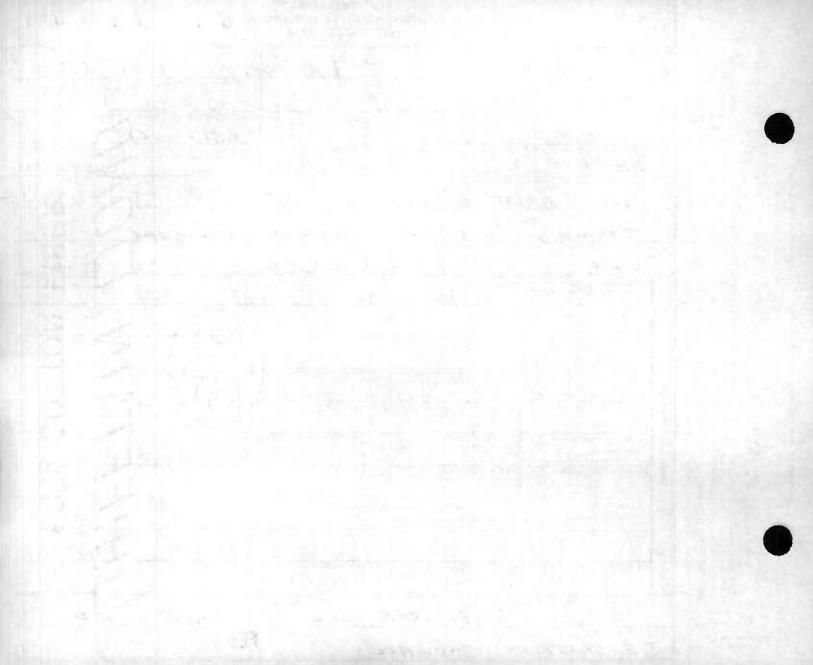
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME 26. HOUR (TYPE OR PRINT) -81 IE A. M 4 RACE 3. SEX S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH 1883 CAUC BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City. Baltimore. Md. USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Legal Sec'ty. GREEN NURSING Retired DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 116 E. 25th Street - 21218 YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Robert Thomas White George Amanda Roxanna Moore ADDRESS 21212 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 251-01-8245 (YES, NO OR UNKNOWN) Walter A.Koerber, Sr. - 512 Overbrook Rd.-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 0 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ä. IN CERTIFYING CAUSES OF DEATH? pe NO YES NO [] 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION ٤ ö 71d. INJURY OCCURRED 71s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK une 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (ooc) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) wew the body after death 226. SIGNATURE DEGREE 27t. DATE SIGNED ATTENDING STAFF MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stat IMPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 23a. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Jan. 20. 1981 (SPECIEX) remation Green Mount Crematorium Baltimore. Md.-21202 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH-16 60M 1/73 Henry Sander & Sons, Inc. Balto., Md. 21213 (VR A 15 (4))

And Advent to Some Analy 1823 . Late 1823 . And Anna A Tales trans-

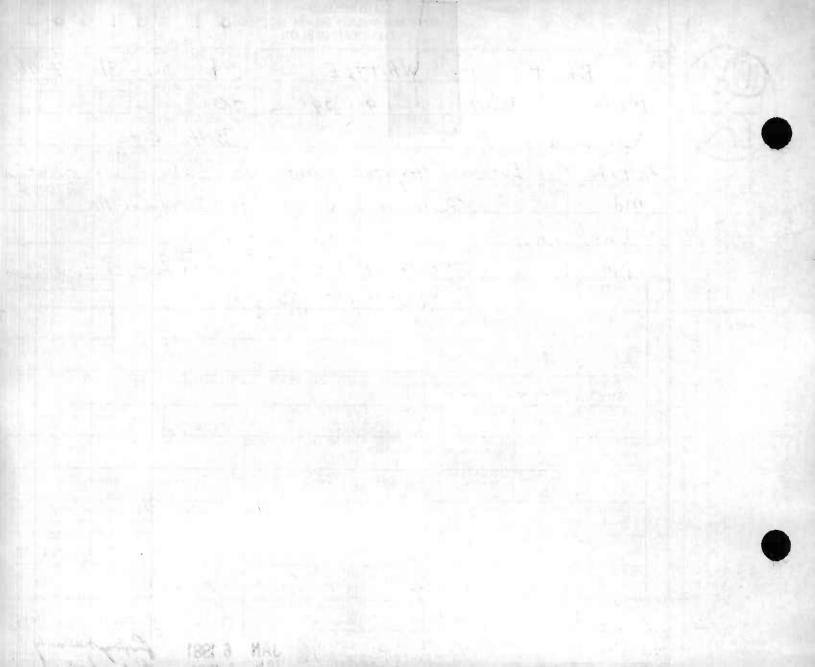
	1-			STAT	E OF MARYLAND					and the
	1-	FOR STATE			EALTH AND MENT		1	0 1	3 6	3
		REGISTRAR			ER'S CERTIFICAT	E OF DEATH	H REG	NO.		
		CEASED NAME FIRST	WIDE	DLE	LAST	2 o.	DATE KNOWN	MONTH	DAY YEAR	26 HOUR
S.1. 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE MD 2. SHOULD BE FILEG WITAL RECORDS, 201 MTAL RECORDS, 201 MTA	1	J.O.	2. 7		Whiteside		OF ESTI-		19 19 8	7
3 22	3. SE		5. DATE OF BIRTH	6. AGE (IN YEAR	IS IF UNDER 1 YR. IF UN	NDER 24 HRS. 2c.	DATE	HINOM	19 19 8	
3			MONTH DAY Y	EAR LAST BIRTHDAY	MONTHS DAYS HOU		ONOUNCED	1	10 0	11:20
	1	Male Black			5.		DEAD	T	19 19 8	1 P M
10	/a B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY?	MARRIED NEVER	AARRIED . 9. E	BALTIMORE CIT	_		
0		11. Carolina	4.5	7	WIDOWED DIV	ORCED 🔀		imore		MD.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,	, NURSING HOME,	OR OTHER INSTITUTION	12a USUAL	OCCUPATION	(TYPE OF WOOK	12b. KIND OF OR INDU	BUSINESS
C	1	Baltimore		der Way		11112	TOF WORKING LIFE	10d	OK INDU	SIKT
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5	16a. \	VAS DECEASED EVER IN U.S. A	E WAR OR DATES)	SOCIAL SECURITY		-	ADDR	ESS	11 /	1
-		10	2	141-66-6	315 Sereas	sse Ja	mes	1171	hestn	41 57
		IB CAUSE OF DEATH (Enter of							APPROXIM	ATE INTERVAL
		PART I DEATH WAS CAUS	ED BY: Hyrn	ertensive	Cardiovascu	lar Dise	ase		BETWEEN ON	SET AND DEATH
		4129 IMMEDI	TE CHOSE (U)	CONSEQUENCE O				TO STATE OF		
3(1)	1	Canditions, if any, which		CONSEGUENCE						
		gave rise to immedia	e / (b)							
		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR AS A	CONSEQUENCE O	F					
			(c)							
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN	I IN PART 1 (a)				
	o N									
-	1	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERA	TION WAS PERFORMED?				20 AUTOPS	Y?
	星		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						VEC [No [
-	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJU	IRY	21c. HOW INJURY OCC	URRED TENTER NATU	IRE OF INJURY IN ITEM	A 18 PART 1 OR B.	YES X	NO [
3		UNDERLYING OR	HOUR A.M. MO			OTTLE TELLENIUS	or mayor nation		on i a' j	
	Š	CONTRIBUTING CAUSE OF		19	211 106 171011					
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF IN. STREET, FACTORY, FA	ARM, ETC.)	211. LOCATION STREET	cn	TY OR TOWN	cc	YTHUC	STATE
	1	AT WORK AT WORK							The same	
		228 Leartify that I took sho	ge of the remains described	d abaye held an	Autapsy 😾, Insp.	auton D			r.SulTET	
		-			*		nquiry [],	and in my o	pinion	
		death resulted fram: Nat	ural causes 🗶 , Accid	dent L., Suic			ined manner _	٦.		
		ACTUAL /),	- 400		TITLE (SPECIF			DATE	1/20/8	21
-	1	SIGNATURE MS	ma Zwol	an	Assista	ant MEDICA	LEXAMINER	SIGN	ED 1/20/8) T
7		EXAMINER'S NAME								
1		(TYPE OR PRINT) Vir	<u>ginia L. Dola</u>	in, M.D.	ADDRESS		111	Penn S	treet	
	23a.B	URIAL CREMATION, REMOVAL	23b DATE	234 NAME OF CEM		23d LOCA	TION	1	1 A	11. 11
	(Burlal.	1-23-81	(edar 1	4. Cemeter	CITY OR TO		Sem F	KHOOLEL	STATE
	24 F	UNERAL DIRECTOR		7469-	1738 250. D	A E REC'D. BY REC		GISTRAR'S		Lato.
		aw ton C. De	ug as ion	. /	no 110	N 2 2 198	100	fly of B	rellevile	
	1	21.100	101.	- June 1		111 - 1110	3 2 2 2 3	-	7	



	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	8 6 4
	1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	, , ,
7.5		CEASED NAME FIRST HARRY	E. WHILLOWSR, 1288	1 2.15 A
1	3 SE	X AAA I E A. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 7. MONTHS DAY	
MAI	7o. B	IRTHPLACE (STATE OR FOREIGN 76, CITIZEN	NOF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH	
18	3	COUNTRY) VA.	U.S. A. WIDOWED DIVORCED BALTO. CITT	MD.
11 11	10. C		IT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUST	D OF BUSINESS OR RY SYELECT
filled in could be	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTED TO THE PROPERTY OF THE PROPE	ITUTION GIVE RESIDENCE SEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PER DUNGALK YES NO 15 16 556 57. HE	ELENA AV
ond 2 sh	14. F.	ATHER'S NAME FIRST THOMAS	WHITLOW LELIA SANDRIDGE	LAST
Poges 1		WAS DECEASED EVER IN U.S. ARMED FORCE YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT	CES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	95H
ed by the ottending physic please remove corbonpope rrial, cremation, ar remaval. , or other traumotic event, th		Conditions, if ony, which gove rise to immediate	a ADCINIAMA AF THE LINE	RÖXIMATE INTERVAL EEN ONSET AND DEATH
been signed rmit. Then pli prior to buril ony injury, o	CERTIFICATION	DIABETES	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART MELLITUS — EMPHYSEMA. CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 7206. IF YES, WERE FIN	IDINGS USED
nsit perr	E E		YES NO NO YES TO YES TO NO YES TO NO YES TO NO YES TO NO YES TO YES T	NO 🗌
this certificate has the burial-transit pe and Mental Hygiene ked or Item 18 shows			TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART P.M. 19	
e os the bu	MEDICAL		PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY	STATE
42 (0)		22a.1 certify that (I) (this haspital) attends saw the deceosed alive on JAN above, (I) (we) (did) (did nat) view the	19, and that in (my) (aur) apinian death accurred an the date and haur and fram	_, that (1) (we) last the causes stated
Y the hospital RAL DIRECTOR detoched for u tote Dept. of H LT. If Item 21 is		226. SIGNATURE L. Cabal		28/81
TO FUNERAL D should be deto with the State D IMPORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) L. CEBA	LLOS GS H.	1
₽ ₽ ₹ § 		BURIAL, CREMATION, REMOVAL 236. DAT	128. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY BALTO.	D, STATE
1-16 30M 2/80 /RA 15, 4)	24 F	UNERAL DIRECTOR T. B. CONNELL,	300 MACE	-



	1			STAT	E OF MARYLAND		40 1 0	0 9 4
	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE 🐉 🚦	0 1 3	6 3
1		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	26 HOUR
(BA)	(TYPE	Robert	· H.	Whit	TLE	01-0	54-81	4.45Am
(Real)	3 SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		
ection of the same		MAle	White	9	59 YEAR	80	YRS DAYS	HOURS MIN.
Seath Pa		RTHPLACE (STATE OR FOREIGN OUNTRY)	V. S. A.	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED D	Baltimore City O	C. +	MD
	. 10 C	ITY OR TOWN OF DEATH		L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
os ofter s ofter iled with	R	attimore 1	LUTHYHAN	HOSPITH	Lormd-	ITYPE OF WORK FOR MOST O		struction
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system and completely filled in by apers. Pages 1 and 2 should be fill vol.	130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESID	PENCE BEFOR ADMISSION	13d INSIDE CITY EIMITS?	13e STREET ADDRESS		21224
AND 124		mo-	R	Himore	YES NO	1 C 11	www Ave.	201
RYLL verthur 2 sh	14. FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WE		AST
MAR will be will will be will		Unknown		6137	Unknow		.,	131
MORE,	160 \	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	CIAL SECURITY NO.	17. INFORMANT	E. White	SS	
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on th ce carb	-	4860	DUE TO, OR AS A C	ONSEQUENCE OF	. 4			
PRESTON he death cr emave carb mation, ar	1	Conditions, if any, which	(ib)					
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quires quires from properties pro	Z	PART 2 OTHER SIGNIFICANT	Le Color	TING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	OFFICE GIVEN IN PART F	0.
COR IN re	- ¥ F	190 DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND	INGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offent his certificate been sign of the buriof-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION					YES NO	IN CERTIFYING CAUSE	S OF DEATH?
VITA VITA No. 11	- E	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
ON OF VIT		OR CONTRIBUTING CAUSE OF DE	A111	NTH DAY YEAR				
HYS and Make of H	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUI	RY	21f. LOCATION	CITY OR TOW	N COUNTY	STATE
IVIS JG P offer the street of	2	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	STREET	CITTORTON	000411	SIAIE
T P P P P P P P P P P P P P P P P P P P		220.1 certify that (this hosp			- 0 2 19 84	, to 01-0	4-8 (19	that (we) last
TTEN Sprital STOR for u		sow the deceased plive of above, (1) (we) (did) (did n	of 1 - 0 4 -	19_8_, o	nd that in (1949) (our) opinion (death accurred on the da	ate and hour and from the	couses stated
OR A DIRECTOR OR A DIRECTOR OF THE		226. SIGNATURE	- A	1	DEGREE	MEDICAL		E SIGNED
· - · -		67/82	Ano	Vhe !	ATTENDING PHYSICIAN	MEDICAL STAF		-04-10
HOSPIII ined by FUNER old be old be ont an		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	in	22e ADDRESS	14.	0	
O HOSPITAL O HOSPITAL TO FUNERAL should be de		21221	ty two	lle	~ MINA	- HOID	m	
1117	230. (BURIAL, CREMATION, REMOVAL	236 DATE	230 NAME OF	EMETERY OR CREMATORY	23d LOCATION	DOUNTY	STATE
BP	24.5	Cremation	11-6-81	Wesu	new Crematory	Del time	25b. REGITRAR'S SIGNA	rove Md.
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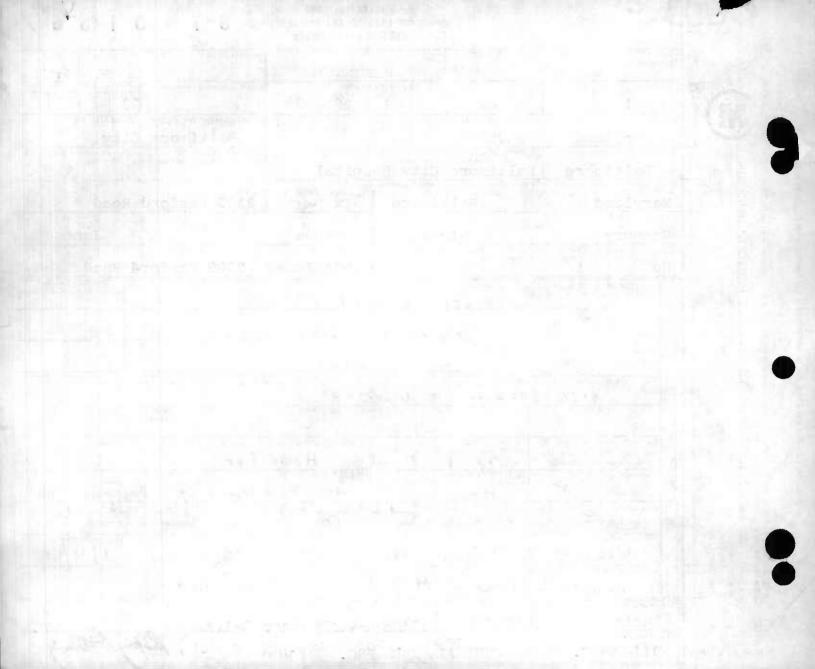
(VRA 15, 4)

Home, Inc.

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME LAST 28 DATE OF DEATH MONTH DAY YEAR 2b. HOUR LTYPE OR PRINTS LAMONT WIGGINS 6 3:23P M 3. SEX 4 RACE IF UNDER LYEAR IF UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 49 DAYS HOURS Black Male YRS Le BIRTHPLACE (STATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED & USA Baltimore City Marvland DIVORCED T WIDOWED IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h. KIND OF BUSINESS OR SuEshe ! I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Baltimore City Hospital -9 USUAL RESIDENCE (IF MURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131. CITY OR TOWN A FeE 134. INSIDE CITY LIMITS? 2305 Harford Road Maryland Baltimore YES TX NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wiggins Wanda Jones Gregory ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Wanda Jones 2305 Harford Road No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART | DEATH WAS CAUSED BY avvest Carringe IMMEDIATE CAUSE (a)... DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which hunstension 12/11/10/215 gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71a ACCIDENT WAS UNDERLYING TO 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY 1981 House I IF EITHER, NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED 211 LOCATION 21R PLACE OF INJURY marked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 440 WHILE Balbmara MIL AT WORK S 220 I certify that (1) (this haspital) attended the deceased fram 2 and that in (m) (aur) apinian death occurred on the date and hour and from the causes stated saw the deceased alive an. abave (II)(we) (did) (did nat) view the body after death 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN FUNER 22R ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) TO FUNE should be with the Si 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 20/81 Baltimore cemetery Baltimore MD 258. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR WILLIAM C. MARCH FUNERAL HOME INC. DHMH-16 25M (VRA 15, 4) 1/79



16			1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0 !	3	6 8
			I DE	CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH		YEAR	26 HOUR
be	page 3 er death			RUTH		A	WHITF	IELD		17	81	710 AM
e E			3. SE	X	4 RACE	CHY II	5. DATE C		6. AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 HRS
ge 4	ector.		F	EMALE	BLA	CC	MONTH 3	16 28	52	YRS.	HS CAYS	HOURS MIN
a a	b d	i de		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE	7	9 BALTIMORE CITY C		DEATH	
leath	C BON	35		aryland	U.S.	.A.	WIDOWE		BALTIM	585 C	ITY	MD
ter d	the for	801	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON I	26. KIND OF	BUSINESS OR
10.	hy	7/	B	ALTIMORE		BELLO		P. GENTER	HOMEM			IFE
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AND 24	filled	000			ONE	BALTI		YES NO NO	2562 DK	DID PA	PN	DRIVE
ethin	2 sh	- No	14. FA	THER'S NAME	MIDDLE	1467		15. MOTHER'S MAIDEN N	AME	0/0 / //	/	7,710
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RE,	and co	ico	160 V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SE		17 INFORMANT	ADDRE	SS		
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ESTC	otten ave c	ac m		Conditions, if ony, which	(b)	A	RREN	T CVA			1-2	HRS
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hat ¥	by ose	to the		underlying cause last.	(c)	W AS A CONSEG	ADEINCE OF			- 1		
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3	rmit.	No ou	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDING	GS USED
AL R	those has	5 MOL	TIF						YES NO	IN CERTIFYING	CAUSES	NO [
> 2	physicic rificate il-transit tal Hygie	183	CEF	210. ACCIDENT WAS UNDERLYING	216. TIME C		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
N OF VI	rial-tr	Hem	MEDICAL	OR CONTRIBUTING CAUSE OF DE	~	Μ.	19					
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NO ON	fter ps th	orked	~	AT WORK AT WORK					12,500			JIAIL
- N	R: A	is me		220 L certify that (I) (this hasp	1 7	e deceased from	12-	12-3 1980), to/ - 7	. 19_	37, th	nat (1) (we) lost
ALL STATES	CTO for	21		saw the deceased alive an abave, (1) (we) (did) (did no	view the body	after death	D/, an	d that in (my) (our) opinion	death occurred on the do	ite and hour and	from the co	ouses stated
S	o no DIRE	Hen		226. SIGNATURE	1, 11	1		DEGREE			22c. DATE S	IGNED
N N	5 - 4 e	±		marjarie.	IN. IN	udry	. /	M, D, ATTENDING PHYSICIAN	MEDICAL STAF		1-7	-81
Spil	FUNERAL	Y /		226. PHYSICIAN'S NAME (TYPE C	OR PRINT)	1. (1.		22e ADDRESS				
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	- 16 50M 7/7	7	24 FL	INERAL DIRECTOR	1 1			250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'	SSIGNATU	RE
(VF	RA 15 (4))		Ch	as. A. Rice	FSPA 1	300 Eut	taw Pl	· JA	N1 3 1981	Miry May	Ank.	

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF REATH	

FOR - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 1.451 2h HOUR (TYPE OR PRINT) January 23, 1981 Whittie Hugh 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS March 13, 1899 White 81 Male BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City U.S.A. Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Good Samaritan Hospital Printer Baltimore USUAL RESIDENCE | IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE | 136. COUNTY | 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1709 Waverly Way Baltimore Maruland YES A NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIE O'Neal Ellen Mary Whittie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! Mr Joseph Whittie 8338 Edgevale Rd 215-05-7547 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lij PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQU Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE SITHER NOTIFY MEDICAL EXAMINER

P.M 71e PLACE OF INJURY I AT HOME. STREET, FACTORY, OFFICE, FARM, ETC. I

21f. LOCATION

CITY OF TOWN

COUNTY

22c. DATE SIGNED

STATE

STATE

22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF PRINT)

WHILE |

71d INJURY OCCURRED

NOT WHILE

W. Meredith Smith M.D.

220.1 certify that (1) this hospital) attended the deceased from

abave (1) Twe) (did) (did naty view the bady after death

ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22e ADDRESS

1900 E. Northern Parkway Balto. Md

and that in my) (our) opinion death occurred on the date and hour and from the causes stated

230 BURIAL, CREMATION, REMOVAL 23b, DATE Burial 1/27/81 23c NAME OF CEMETERY OR CREMATORY Holu Redeemer

DEGREE

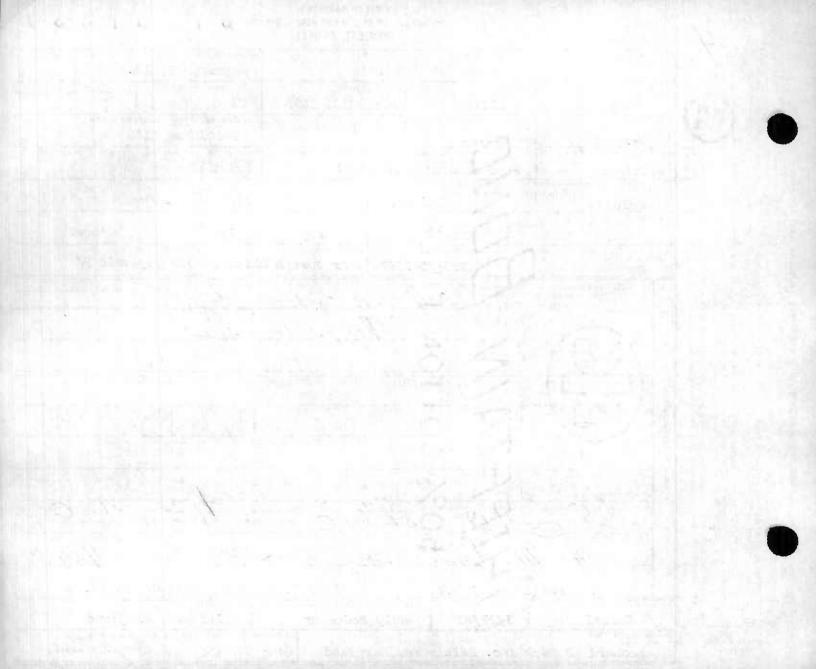
23d. LOCATION Baltimore, Maryland

250. DATE REC'D, BY REGISTRAR 250. POSISIRAR'S SIGNATURE

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

J Ruck Inc. Baltimore, Maryland Leonard



	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 1	8	70
		CEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH		YEAR 2b	h HOUR
	,,,,,,	MARGARI	ET Anna	WI	LD		1 10	81	4:38 ^P _M
1	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIE	THDAY) IF UN		FUNDER 24 HRS
7)		Female	White	9	5 1908	7:	YRS.		
2	lo. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF	DEATH	
\$5		aryland	/ U.S.A.	WIDOWE		Baltimore			MD.
3		altimore	M. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Church Hospi	ADDRESS)	Corporation	OTTO THE PROPERTY OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE PROP	DF WORKING LIFE)	E KIND OF B NOUSTRYAL PODUC	r Co.
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		THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM				
36		Frank	Ruth		Catherine			Moor	e
")		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT		ödge Fa	arm Ro	oad
	_ '	YES, NO OR UNKNOWN) (IF YES, GIV	219-10-	0050	Jovce DeFor		dgemere	e. MD	. 21219
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	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I	ORPART 2)	
1	AL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC }	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (1) (this haspi	ntal) attended the deceased fram 19	81,01	nd that in (my) (aur) apinian o	death accurred on the d	ate and hour and		at (I) (we) last uses stated
		22b. SIGNATURE &	V Plate	à	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		1/10	SNED 81
		22d PHYSICIAN'S NAME (TYPE OF	Platia		220. ADDRESS Churc	h Hos	0 -		
		Burial, cremation, removal Burial			emetery or crematory of Faith	23d, LOCATION CITY OR TOWN	Baltimö	re Ma	ryland
	24. FL	INERAL DIRECTOR Duda-		100		E REC'D. BY REGISTRAR	25b. POISTRAR	SSINATUR	
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ATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE TIFICATE OF DEATH

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	REGISTRAR					REG. I	VO.				
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	PEARL	R	AY	WIL	ES		1	7	81	12:2	7A ~
3. SE	X	4 RACE		5. DATE (6 AGE IN YEARS LAST E	RTHDAY)	MONTH	DER I YEAR	IF UNDER	24 HRS MIN.
	Male	White			29, 1921	59	YRS		DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF D	EATH	NO.	
-	wst Virginia	U	S.A.	WIDOWI		Baltimore	City				M
0. C	ITY OR TOWN OF DEATH	M. NAME OF			OR OTHER INSTITUTION	12ª USUAL OCCUPA	TION	12	b. KIND C	OF BUSINE	
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UsU	AL RESIDENCE (IF NURSING	HER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			SHELL	72.10	
	nio	***	Akron	N	YES X NO	989 N. Ho		Str	oot		
	ATHER'S NAME	#-0-8/N			15. MOTHER'S MAIDEN NAM	ΛE	Walu	OL L			
	FIRST	WIDDLE	Wiles		Mary Marie	Svlvia			LAS	57	
60	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDI	RESS				
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-	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	VDITION G	IVEN IN	PART II	01	
CERTIFICATION											
CA	190 DATE OF OPERATION	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED	
TIF	S. D. S. Carlotte					YES NO	YES 🗌				
	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 1	B PART I C	R PART 2)		
MEDICAL	OR CONTRIBUTING CAUSE OF DEA			19							
EDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR T	0	-	OUNTY		TATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITORI	OWN		OUNTY	51	AIE
	220 I certify that (I) (this hospi	tal) attended the	e deceased from	1-4	10 81	to J-7		19	81	that (I) (w	ve) los
	sow the deceased alive on	1-7	19_	81_,。	nd that in (my) (our) opinion d	leath occurred on the	date and h	, , ,		, 2	
	obove, (1) (we) (did) (did no	t) view the body	ofter death.		DEGREE				22c DATE	SIGNED	
	1. 130	its an			ATTENDING	MEDICAL ST	AFF V	65			
	274. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS CHURCH	DIRECTOR PHYS		ODA	TION	-01	
										VIAND	2.
2.2	J. BERTRAI		Inc.	LAME OF C		ROADWAY, BA	IL I IIVIC	KE,	MAK	LAND	<i>C.</i> .
30.	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		cou		51	TATE
	Cremation	Jan 8	. 1981 G1	reenmo	ount Cemetery	Baltimo	re. M	lary.	land		

DHMH-16 30M 2/80 (VRA 15, 4)

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24 FUNERAL DIRECTOR NAME DIPPET Funeral Homes, Inc. 7110 Belair Road Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 251 DEGISTRAR'S SIGNATURE

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Baltimore, Md

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Wm. C. Mar-ch F/H 1101 E. North Ave

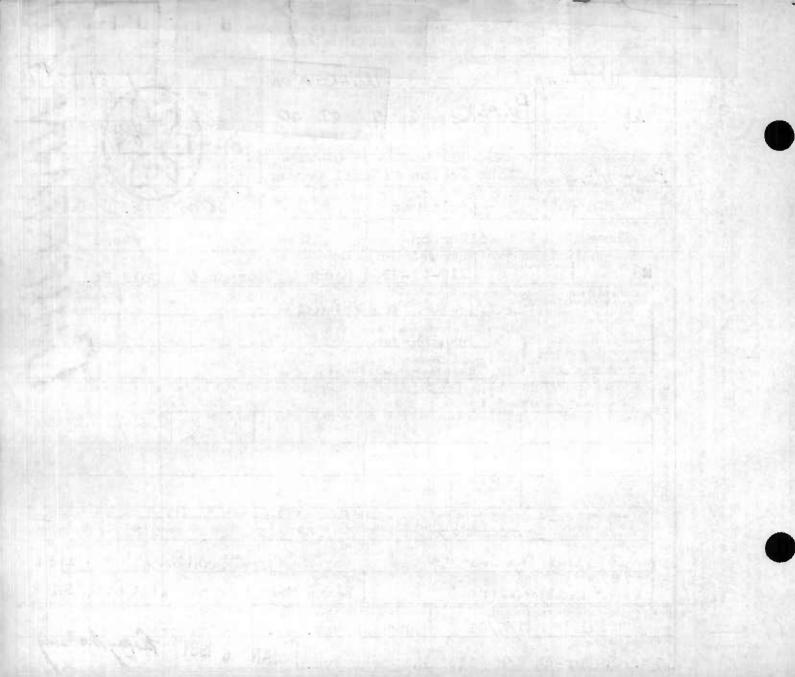
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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

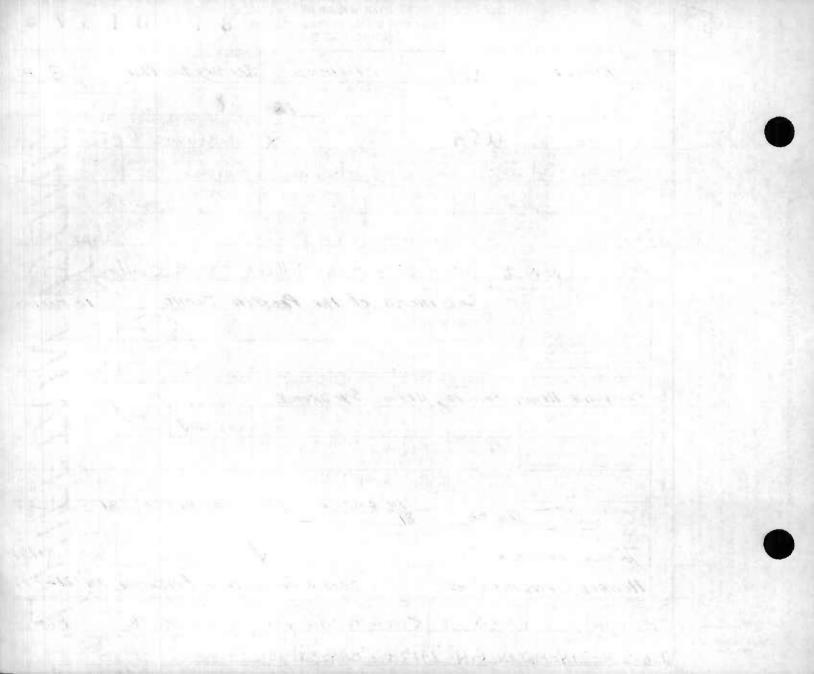
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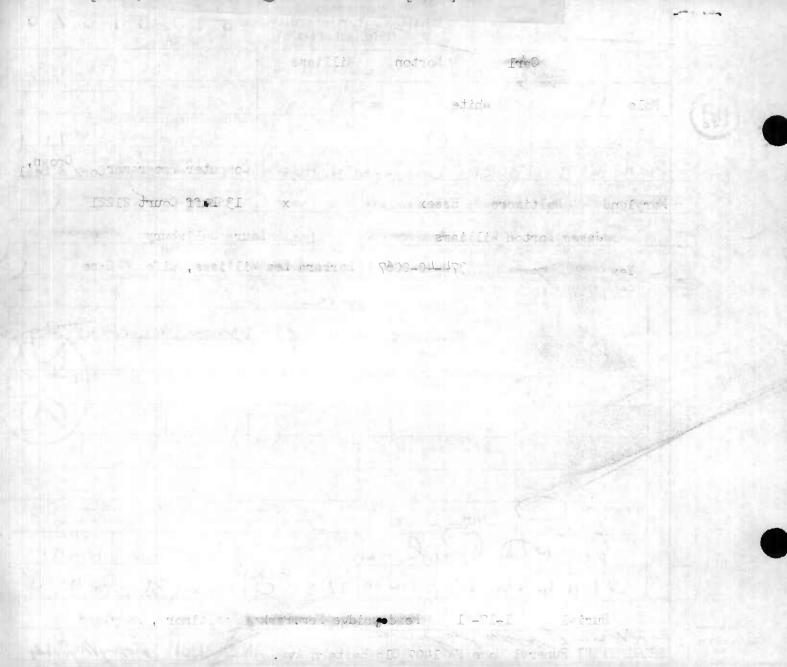
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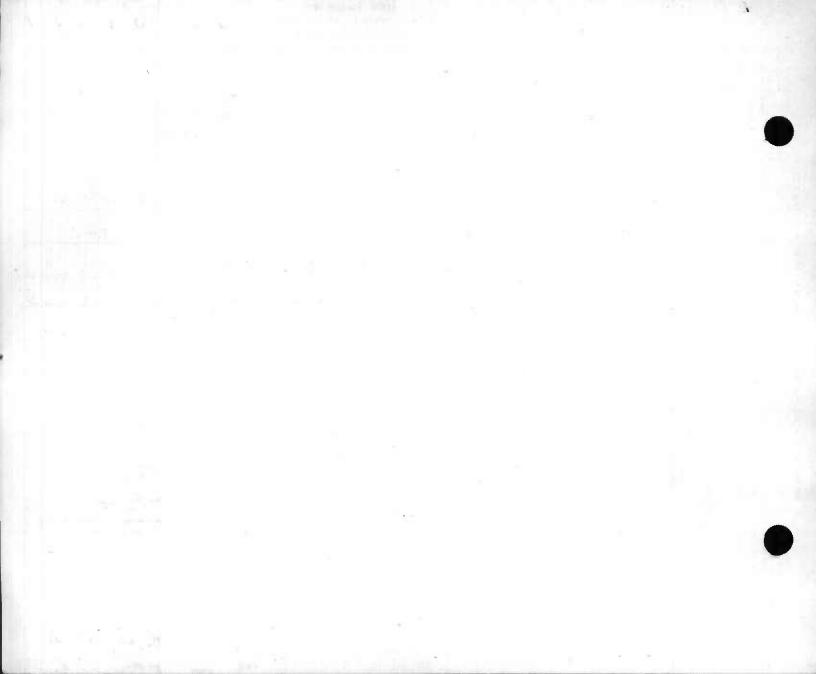
1 6 03 100 01 8 ALL LIA SALTIMORE PREVIDENT HOSPITHE THE BUILDINGS VICE 714-74517 Key Lones Withins 2774 Wind Sales CARDIOTHERMAN ARKEST RIGHT HIS AMPRUT BY ID. ATH LICE COSTS GROWERS RIGHT FOR TRANSPORTER CONTRACTOR Mary Johnson Towns J. J. St.

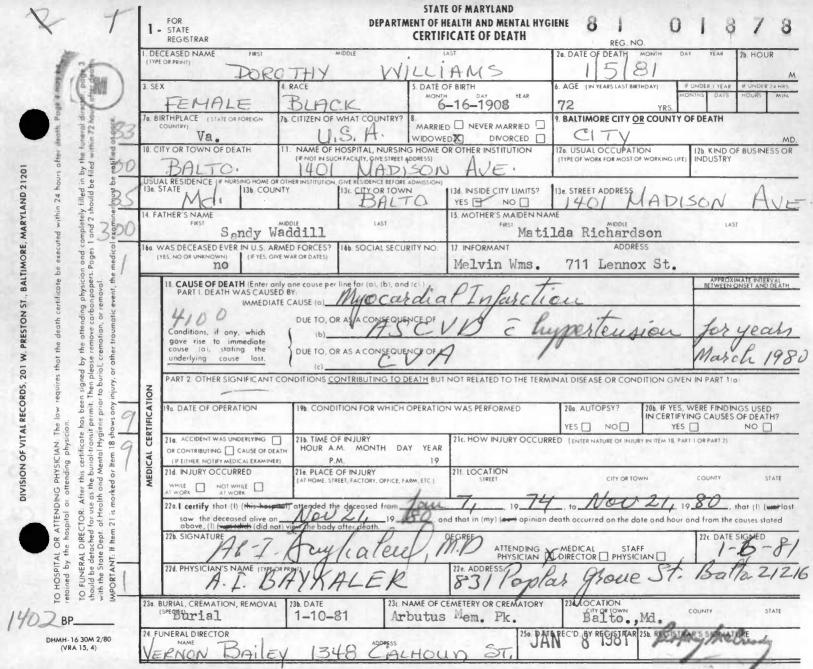


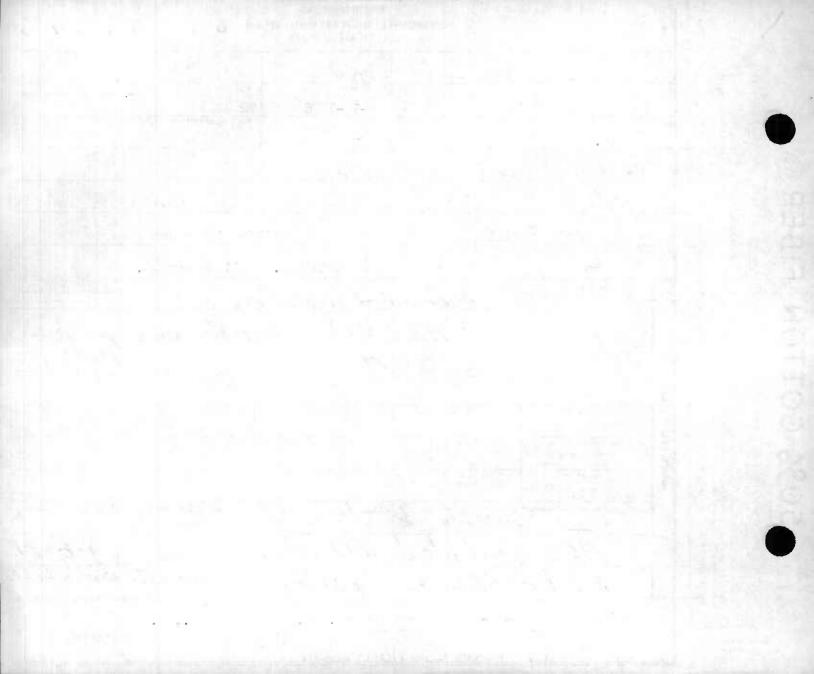
DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND









.7 =	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the buildistraist permit. Then please remove carbonic want the State Dept of Health and Manual Hygiene prior to buriol, cremation, or remo	-	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 1 8 7 9 CERTIFICATE OF DEATH REG. NO.								
		-		CEASED NAME FIRST ORPRINT)	DNA	MIDDLE	L	WILLIAN	15	01/22/81	MONTH D	AY YEAR	26 HOUR 4:00am
	e 4 ma	M	3. SEX	Female	4. RACE	ack	5. DATE C		YEAR 89	. AGE (IN YEARS LAST BIF	M	ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
0	oth. Pag	B		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIEI	NEVER MAI	- 9	BALTIMORE CITY OF			
	offer de y the fun ed within	Stiffed by	10 CI	Md.	(IF NOT IN SU	HOSPITAL, NU		R OTHER INSTITU	JTION I	20. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND C	MD. OF BUSINESS OR
ND 2120		must be	USUA 130. S	Baltimore RESIDENCE (IF NURSING HOME TATE Md. I3b COI	OR OTHER INSTITUTION		BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	30 STREET ADDRESS	Broad	lway	
SAN CONTRACTOR	Sty Shy	3000	14. FA	THER'S NAME FIRST	MIDDLE (Calama	1-02111	15. MOTHER'S M	AIDEN NAME	WIDDLE	Bl	and	Τć
SOO COO	Poges -	e medicol		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O NO	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 0-6683	17. INFORMANT	n_Bor	addrind 21	32 N.		
PS, 204W. PRESTON ST., BA			NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	SED BY: ATE CAUSE (0) DUE TO, C (b) DUE TO, C (c)	OR AS A CONS	EQUENCE OF BEPAIS EQUENCE OF	stuhe) THE TERMIN	IAL DISEASE OR CON	IDITION GIVE		IMAATE INTERVAL ONSET AND DEATH
A RECO			CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WI	HICH OPERATIO	N WAS PERFORM	NED	20a AUTOPSÝ?	IN CERTIFY	WERE FINDING CAUSES	
ON OF VIT	ding physic is certificate burial-trans	Hem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	DEATH HOUR A		DAY YEAR	21f. LOCATION	RY OCCURRE	D (ENTER NATURE OF INJU			
DIVISI	NG att	morked	WE	while NOT WHILE AT WORK AT WORK AT WORK 120. I certify that (I) (this has saw the deceased alive to	pital) attended)	he deceased fr	om	STREET	19_8	_, to			that (J) (we) lost
•	OR ATT hospit ched to ched to	le m		sow the deceosed olive obove, (I) (we) (did) (did) 22b. SIGNATURE Dend Plea 22d. PHYSICIAN'S NAME (TYP)	not) view the body		, 01	DEGREE	ENDING	MEDICAL STA	FF \	22c. DATE	
	TO HOSP	IMPORTA	02 -	DAVID B	PEARSE	_		50		HOPKIN	r He	X, b	
80	/		(URIAL, CREMATION, REMOVA	1/24,			emetery or cre alvary	Cem.			lel Co	
D	(VRA 15, 4)	/80	24 PU	INERAL DIRECTOR NAME Wm C Marc	h F/H	11C	ess 1 E. N	orth Av		2 7 1981	Right Str.	y /kel	heady

Invitation Business 500:1-

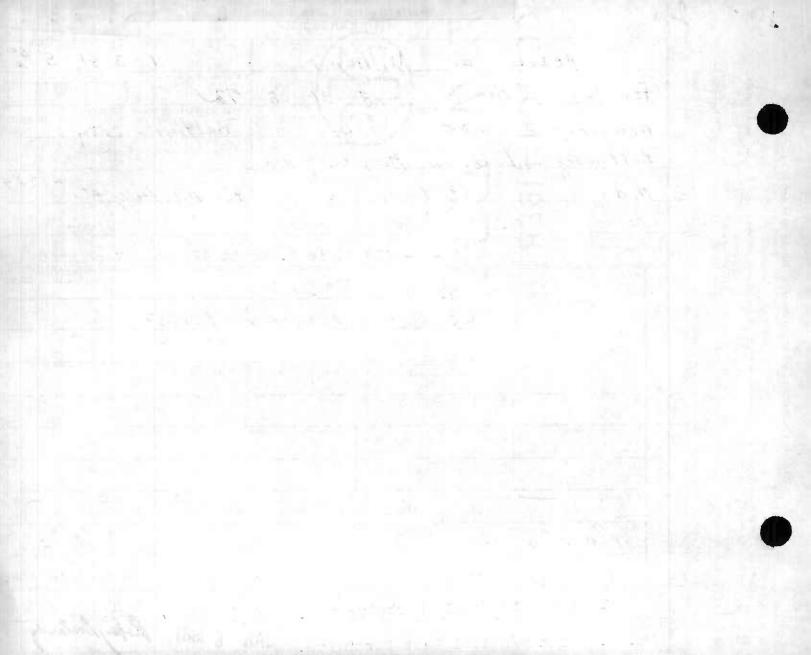
STATE OF MARYLAND

graftistus i neeponarii seles. Saling Labor file to said the distribution of the care Sector 1/10/1971 exercise in not house, to come Euler. 1. to. 12st receiver, removed.

				STATI	OF MARYLAND						
5-4	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	YGIENE 8 REG. NO	0 1 3	8 1			
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t ·	TYPE	GENTS	?€.	(2)	lliams		1 18 81	6 Fm			
1.	3. SE)		4 RACE	5 DATE C		4. AGE (IN YEARS LAST RIRT	MONTHS DAYS	IF UNDER 24 HRS			
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1	Jr. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
K	50	Daryland	U.S.A	WIDOWE		BAltim	ore City	M			
90	10 CI	BAHINATE	II. NAME OF HOSPITAL, N JIE NOT IN SUCH FACILITY, GIV KEU CICCLE		OR OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF ARGENE	F WORKING LIFE) INDUSTRY	F BUSINESS OR			
mm		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	1196011001						
3		HRY and 136 COUN		timore	131. INSIDE CITY LIMITS?	13R. STREET ADDRESS	Ay fort Ave				
xam		THER'S NAME	U a real and a second		15 MOTHER'S MAIDEN N						
00		HINKI	MIDDLE	ST	LINKY	MIDDLE	LAST				
med.		VAS DECEASED EVER IN U.S. AR		L SECURITY NO	17 INFORMANT	ADDRE	SS				
ending physician and carbon papers. Pages on, or removal. traumatic event, the r	()	ES, NO ON UNKNOWN) (IF YES, GIVE	WAR OR DATES) 215-	54-7442	Key Cir.	cle Medica	I Records				
		18 CAUSE OF DEATH (Enter an	ly ane cause per line for 10 V	Nb1, and (c).1	1		APPROXU BETWEEN C	MATE INTERVAL DISET AND DEATH			
		PART I DEATH WAS CAUSE	D BY MUSE (a) Mult	i ple	Nrolees	A	/1	ecko			
E D		4210	DUE TO, OR AS A CON	ISEQUENCE OF							
	13	Canditians, if any, which	(b)								
other		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF							
۷, و		underlying cause last.	(c)								
ınlury,		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART I	1			
au	õ	convulsive desorter									
shows 2	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN JN CERTIFYING CAUSES	OF DEATH?			
1	RTIF				To the second	YES NO	YES 🗌	NO 🗆			
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	71c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART 2)				
5 1	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	THE CONTROL						
marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OF TO	VN COUNTY	STATE			
		AT WORK AT WORK					9/				
21 18		22s.1 certify that (1) (this haspi	1 - 183	6" /	19.80			that (I) (we) las			
			it) view the body after death			an death occurred on the d					
If Item		226. SIGNATURE	of API	0	DEGREE ATTENDING	MEDICAL STA	FF 22c DATE	SIGNED /			
<u>F</u>		6. Cl	Sworth 1	oole	PHYSICIAN	DIRECTOR PHYSIC	IAN / 1/	1,01			
MPORTANT		224 PHYSICIAN'S NAME (TYPE O	PRPRINT)	TV_	22R ADDRESS		1 5 /	2/2/8			
NPO!		E. Elswar	1h (00 K		24311	Mary land	Ave. Balt	Md			
	23e I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATOR	284 LOCATION	COUNTY	STATE			
_		Burial	1/22/81	Mt. C	alvary Cem	Anne A	rundel Co.	Md.			
25M	24 F	UNERAL DIRECTOR	ADD	RESS		ATE REC'D. BY REGISTRAR	ISE POGISTRAR'S SIGNAT	URE			
1/70				-3.0 pm	IJA	N. 22. 1981	Burghard / Long	No oling			

the state of the s And there will be to their E Ellewith Color of the State of the State of the production of the same of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) HAZEL IF UNDER I YEAR 3 SEX AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR CIAYS HOURS temal 08 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED maru WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY st, 21229 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY Baltimore NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE James H. Mead Mamie Mevers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 19-86-4435 Effie G. Scott 4700 old York Road 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS_A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION bny 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? Mental Hygrene NOF NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) tour opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATORE DEGREE ATTENDING MEDICAL STAFF Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS SHETC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE Burial 1/8/1981 Arbutus Arbutus, Maryland Mem. STRAR 256. RE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Wm. C. March F/H 1101 East North Ave (VR A 15 (4))



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed wit with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

page 3

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	STATE OF MARYLAND	
DEPART	MENT OF HEALTH AND MENTAL HYGIEN	E
	CERTIFICATE OF DEATH	

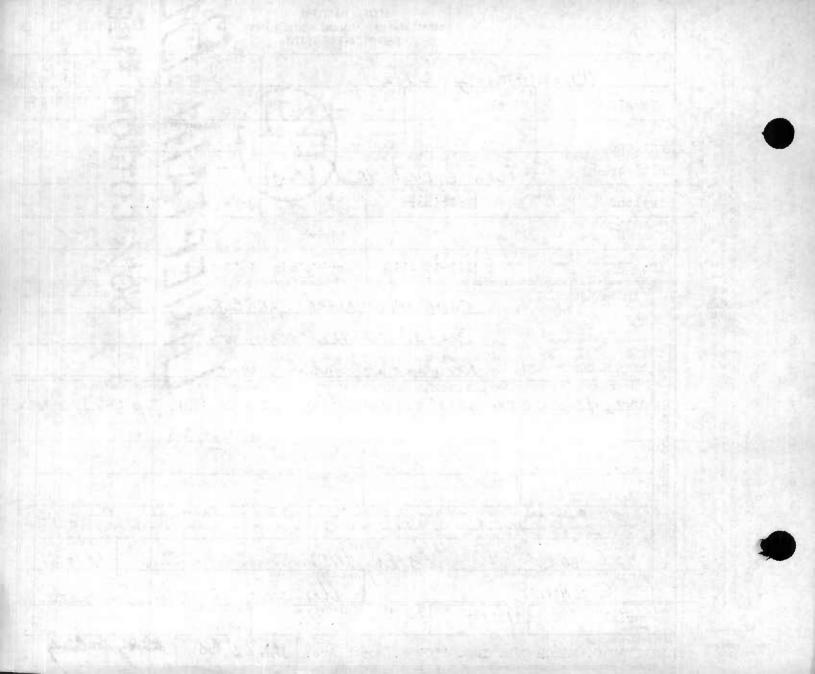
REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	LIAMS _ L	11/1	.51	20 DATE OF DEATH M	ONTH DAY YEAR	26 HOUR 7 91
3. SEX Female	A RACE Black	5. DATE OF	F BIRTH 23 84	6. AGE 96	COC.	
Maryland	76 CITIZEN OF WHAT COUNTRY USA	Y? 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR	COUNTY OF DEATH	
Baltimore	11. NAME OF HOSPITAL, NURS	SING HOME OF	4.4.	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		O OF BUSINESS RY
USUAL RESIDENCE IF NURSING HOME Maryland		PORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	John Deaton	M.C.	
Unknown	MIDDLE LAST		15. MOTHER'S MAIDEN NA/ Unknown	MIDDLE		LAST
160 WAS DECEASED EVER IN U.S. /	ARMED FORCES? 166 SOCIAL SEGUINE WAR OR DATES) 141-16-		Mary Melvin	1623 Lauren		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQ (b) CONFE DUE TO, OR AS A CONSEQ (c) RECLUP T CONDITIONS CONTRIBUTING TO SATEMIC CLEARLING TO 196 CONDITION FOR WHICE	QUENCE OF MY O DEATH BUT IN	ocardis in	Murction Waldisease or condition evere deub	TION GIVEN IN PART	Pheumon DINGS USED
OR CONTRIBUTING CAUSE OF ILIFETHER NOTIFY MEDICAL EXAMINATION OF THE CAUSE OF ILIPETHER NOTIFY MEDICAL EXAMINATION OF THE CAUSE OF ILIPETH	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (AT HOME) offended the deceased from	19 TE, FARM, ETC.)	21f. LOCATION STREET 19 4 that ir(5y) (our) opinion of	CITY OR TOWN	IN ITEM 18 PART I OR PART 2	STAT
276. PHYSICIAN'S NAME ITYP	A R CU		EGREE ATTENDING HYSICIAN [22e ADDRESS]	MEDICAL STAFF	22c. DA	TE SIGNED
23a. BURIAL, CREMATION, REMOVA	231. PATE A		METERY OR CREMATORY Mem. Pk.	236 LOCATION CITY OF TOWN	COUNTY	STA MI

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

24 FUNERAL DIRECTOR
WILL TAM C. MARCH F/H. INC. 1101 E. North Ave.

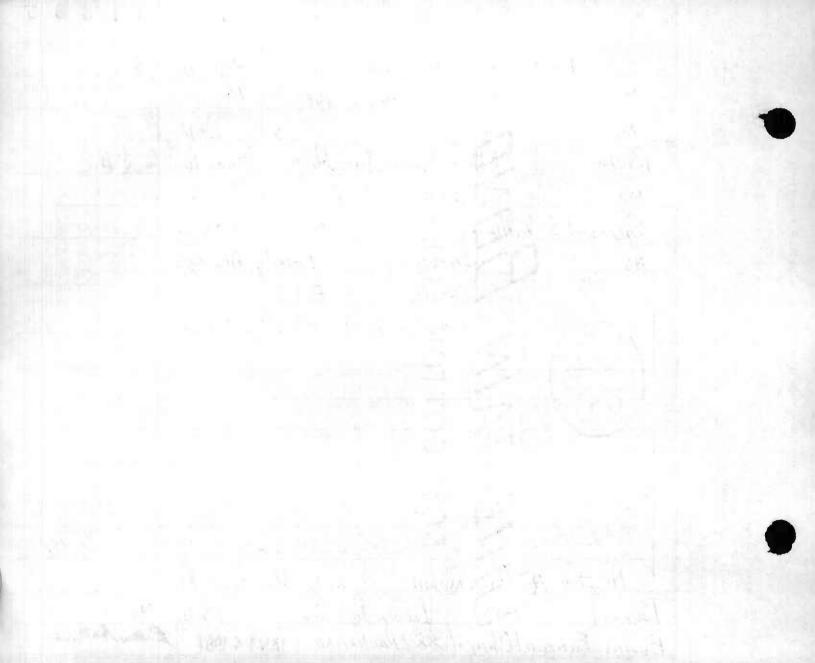
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ARYLAND 2120	n 24 hou filled in	ilmust be	35	13a. S Ma	ryland		Baltimo	V	136 INSIDE CITY LI			ond S	treet	
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TIMORE	be executed an ond contract.	e medical	1	16a V	(IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	261-03-		Hattie	E.	Harrison			ond St
ST. BAL	physicic	emoval.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	only one couse per SED BY: ATE CAUSE (a)	line for (a), (b), and	hores	mistery a	nes	+		APPROXIM BETWEEN O	NATE INTERVAL NISET AND DEATH
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AL RECO	he low rion.	ws ws	2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITON FOR WHICH	OPERATIO	N WAS PERFORMED)	20a. AUTOPSY? YES □ NO⊠	206. IF YES, WIN CERTIFYIN	G CAUSES	
OF VIT	g physicia entificate	Mentol Hyg ar Item 18 sh	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN		M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON	offendin	alth and Me morked ar I	-	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC (21f. LOCATION STREET		CITY OR TO	νN	COUNTY	STATE
1	ATTENDIN ospitol or ECTOR: Af	of Health	t		22a.l certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did	n/	/16 19	81,01	, 19 ad that in (my) (our)	opinion d	eath occurred on the do	te and hour ar		hot (1) (we) lost ouses stated
	DIR P	ate Dept. IT: If hem			226. SIGNATURE Putton	, Elios			M ATTEN		MEDICAL STAF	F IAN D	22c. DATE 8	IGNED/
	F. F.	with the State			224. PHYSICIAN'S NAME (TYP)	OR PRINT)			22e ADDRESS					
non	2 € 2 €) BP	S 3 X			URIAL, CREMATION, REMOVA	23b. DATE 1/20/			emetery or crem.		23d LOCATION CITY OR TOWN Baltimore		OUNTY	MD.
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e ω €		CEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
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edor.		W	W	Aug 2 1914 YEAR	14	MONTHS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED MIDOWED DIVORCED	Baltimore city or cou	INTY OF DEATH MD.
s ofter de	10. C	Balto	11. NAME OF HOSPITAL, NURSING (IF NOT STUTH FACILITY, GIV STREET ADI	DRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR A POST OF WORK)	
John hour	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUP		DMISSION) 13d. INSIDE CITY LIMITS? YES NO	13a. STREET ADDRESS	
within within d 2 sh	14. FA	SAMUELS	Williams LAST	15. MOTHER'S MAIDEN NA	E Nortalk	LAST
BALTIMORE, M. cate be executed spicion and compopers. Pages 1 on val. r, the medical ext.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECURI E WAR OR OATES) 214-01-05		V RELURUS	
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon pr urial, cremation, ar remo v, or other traumatic ever	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	Up one couse per line for (o), (b), and (D BY: E CAUSE (o) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	CE OF Pul. emp	ly se my	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I GIVEN IN PART 1101
n	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b. II CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL R ING PHYSICIAN: The Is rotending physicion. Wher this certificate has as the buriol-transit pe th and Mental Hygiene than Amental Hygiene arked or them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEA	A 15, PART I OR PART 2)
NG PHYS	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	M, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
rttenDi pitol o TTOR: A for use of Heal		low the deceased alive on	tal) attended the deceosed from 1960 11 view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	19 (FSC), that (I) (we) lost hour and from the causes stated
TO HOSPITAL OR A retoined by the hospital of the hospital DIREC should be detoched with the Stote Dept.		22d PHYSICIAN'S NAME (14PE O	A CARMONA	22e ADDRESS 4012 WA	TORRECTOR PHYSICIAN [1 (///
00 OBP		URIA	1-13	ME OF CEMPTERY OF CREMATORY	23d. LOCATION CHI STOWN	NO COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME LANS FUNER	alChapal 8800	HARTORA RU 150. DA	TE REC'D. BY REGISTRAR 256.	GISTRAR'S CINE URE



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-CTOR. FLES. OURS DEATH MATED ROBERT G. WILLOUGHBY 1-11-SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER TYR JE UNDER 24 HRS 2d. HOUR 3:39 DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED male. black. 26 DEAD 11 54YRS 1-14-181 P M 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED W NEVER MARRIED WIDOWED Baltimore City N.C. USA DIVORCED FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE M 3. RETAIN PA Baltimore 1732 Druid Hill Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET 300 Druid Hill Ave. 13a. STATE Balto. 1136 COUNTY 13d. INSIDE CITY LIMITS? Md. YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE FIRST Eliza T. PAGES 1 AND DIVISION OF YIT Willoughby Teal Nelson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS Ave. 241-18-8798 Helen Willoughby 1612 Westwood No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FRUDING" IN PROCI. IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)---DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN NOT WHILE COUNTY AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: / Natural causes Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT) Penn 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Auburn Cem. Burial /19/81 250. DATE REC'D. BY REGISTRAR 154 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS 1101 E. North Ave C March F/H (VR A15 ME (5)) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XXMONTH (TYPE OR PRINT) Wilson . Sr. Frederick DEATH MATED 21₁₀ 81 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. JE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED male 81 white 12:16 22 59 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FACILITY GIVE STREET ADDRESS)
Dulaney Street Baltimore N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21230 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Baltimore 2521 Dulaney St. Balto., Md. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE LAST Charles Wilson Margaret Farrel1 160 WAS DECEASED EVER IN ILS ADDRESS Balto., Md. 21229 ARMED FORCES? (YES, NO. OR LINKNOWN) YES 219-07-9303 Pamela A. Finecey 620 Charraway Road WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY Carcinomatosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. I.E. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 22a. I certify that I taak charge of the remains described above, held an death resulted from: Undetermined monner TITLE (SPECIFY) 1/21/81 ACTUAL Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 1/26/81 Crownsville Vet. Cem. A.A.CO. Burial Crownsville 24 FUNERAL DIRECTOR Balto., Md. 21229 **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

15M 2/80

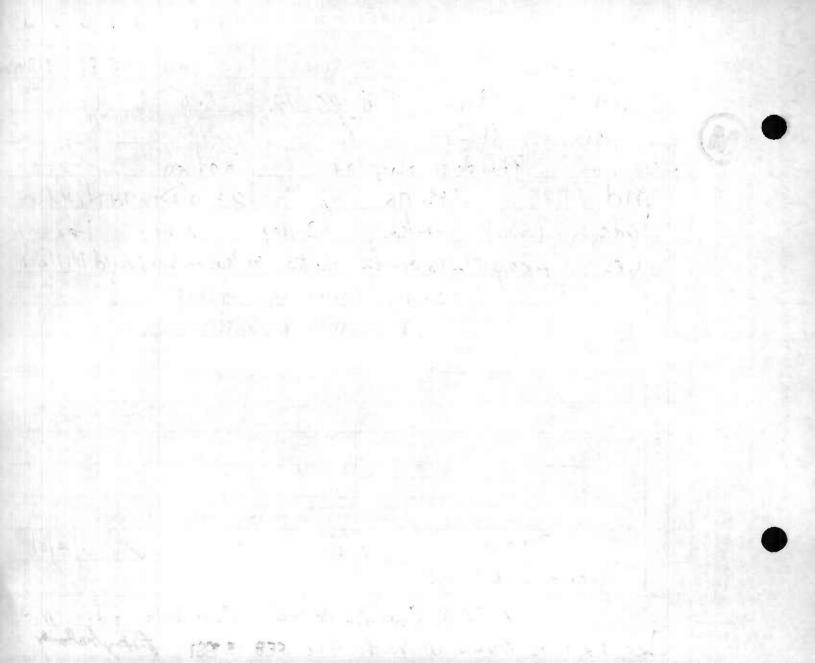
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TO HOSPITAL O etoined by the TO FUNERAL DI Should be detoc! with the Stote DB IMPORTANT: If I		22d PHYSICIAN'S NAME (TYPEO Marcia A. (PHYSICIAL 22e ADDRESS 900 CATO	N DIRECTOR PHYSIC	^	21229
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HMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR		DDRESS	725a	DATE REC'D. BY REGISTRAR AN 1 4 1981	15 LOURAR'S TON	URE

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5	1-	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	0 1 8	90
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DIVISION OF VIT AL RECORDS, NG PHYSICIAN: The low requir ottending physicion. ther this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or trem 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITIC	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	OB. IF YES, WERE FINDIN N CERTIFYING CAUSES (YES []	IGS USED OF DEATH?
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OR ATTE the hospital DIRECTC oched for Dept. of I		sow the deceosed olive on above, (I) (we) (did) (did nat) view the body aft 22b. SIGNATURE		d that in (my) (our) opinion d	eoth occurred on the dote	and hour and from the c	SIGNED 1
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DHMH - 16 60M 1/75	24 FU	INERAL DIRECTOR	ADDRESS	25a DATE		REGISTRAR'S SIGNAL	RE
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE	8	REG. N	0	i	8	9	2	
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	Winder	J	anu	ary	1, 19	81		9:	38a	N

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		-
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3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI			DER 24 HRS
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SI I	Rockbridge Co.	Va U	S.A.	WIDOWE	**	Baltime	ore City		AAI
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	12h	KIND OF BUS	INESS OF
1	Baltimore	Ma		enera	al Hospital	(TYPE OF WORK FOR MOST (OF WORKING LIFE) IN	DUSTRY	
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)	MD		Baltimon	re	YES 🔀 NO 🗌	1914 Pa	rk Ave.		
14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
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	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		
	No	GIVE WAR OR DATES)	220-22-9	623	Venia Matth	ews	1914 Par	rk Ave.	
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1 E						YES NOX	IN CERTIFYING YES		EATH?
1	71a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	tand pages			
	OR CONTRIBUTING CAUSE OF	DEATH	.M. , MONTH DA						
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	sow the deceased alive	on Janua XX view the body	vatter death	81_,0	nd that in (our) opinion	death accurred on the d	ote and hour and	from the couse	stoted
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DHMH-16 30M 2/80 (VRA 15, 4)

Wm. C. March F/b

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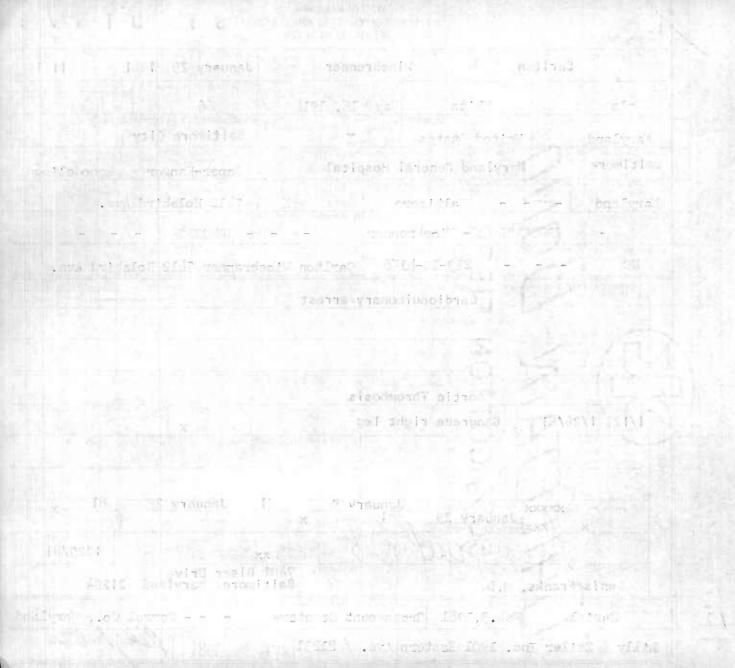
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	22a I certify that death resulted from ACTUAL SIGNATURE	Notural couse		ribed abave Accident [held on Auto	TITLE (SP	ECIFY)	Inquiry ,	ond in my o	E 7 00	-81
2	EXAMINER'S NAME (TYPE OR PRINT)	Marga	Jan Maria	Kor		_ADDRESS	111 Pe	nn Street			
230	Burial, CREMATION, I (SPECIFY) Burial				ME OF CEMETERY		CIT	OCATION Y OR TOWN		YTHU	STATE
		2/	1/81	Ki	ng Memo			ltimore			MD.
	FUNERAL DIRECTOR NAME WILLIAM C	. MARCH			North A	ve.	SO. DATE REC'D. E	0 1981	. REGUTRAR'S	Bear 18.	dy

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Inc . ADDRESS

Dundalk. MD. 21222

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REGISTRAR

24. FUNERAL DIRECTOR Duda-Ruck.

Wise Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256. GISTRAR'S

26 HOUR

NO [

STATE

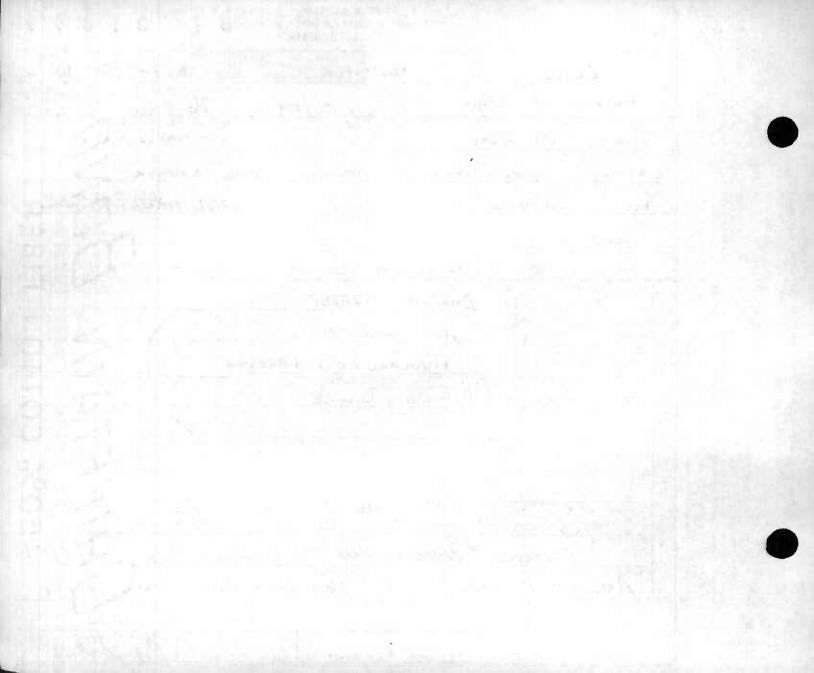
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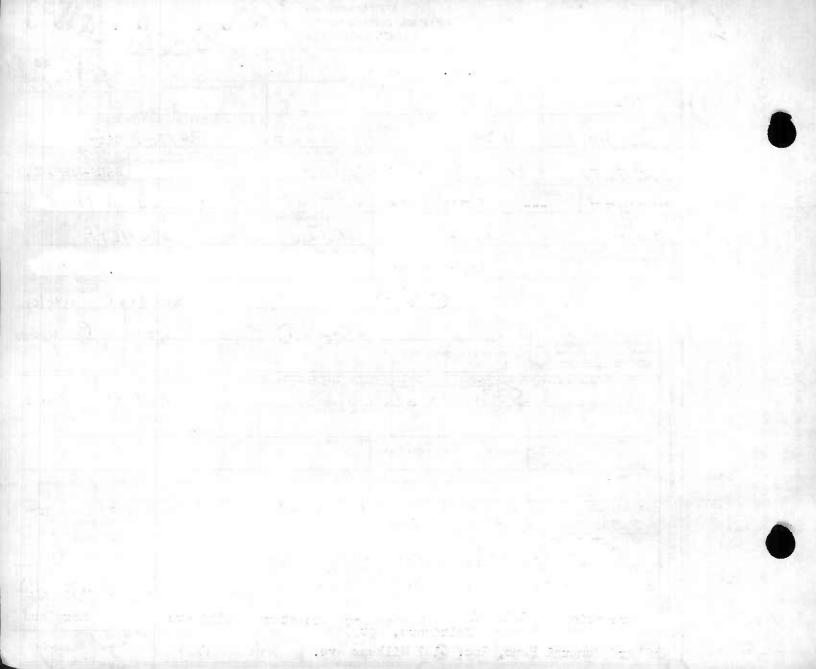
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age 4 rector, rs after		MALE	BLACK	MONTH DAY YEAR	3 48 YRS	MONTHS DAYS HOURS MIN
houn hou		IRTHPLACE (STATE OR FOREIGN OUNTRY)	TO CITIZEN OF WHAT COUNTRY	MARRIES XI NEVERNA ARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
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afte afte	10 €	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET) 	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR LIFE) INDUSTRY
201		BALTIMORE	BON SEE	ours Hospital	(TITE OF WORK POR MOST OF WORKING	the) INDUSTRI
24 ho	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TO		13. STREET ADDRESS	
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atte do stio		Canditians, if any, which	((b) CERE	DRO VASCULAI	R ACCIDEN	
PR at the structure or the oth		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	SENCE OF		
W the		underlying cause last.	DUE TO, OR AS A CONSECU	DENCE OF		
gned pleas pleas burial			(c)			
. 6 -1	z			DEATH BUT NOT RELATED TO THE TERM		
The law recharge has been sing true in the prior to hows any it	CERTIFICATION					PERTENSION.
he he he	5	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?
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2 2 8 3 8	1 %	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJONS IN ITEM 18	J. PART I OR PART 2]
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NHY B ph B ph Men Men	I S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
DIVISION OF VIT	MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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		saw the desposed alive on abave the well-desired and not	19_	R , and that in (my) (aur apinian	death accurred an the date and he	aur and fram the causes stated
L OH A's hospital and begins of the specific ched for Dept. o Dept. o Life Item		22b. SIGNATURE	New the bady after death.	DEGREE		221. DATE SIGNED
		11-	R Cohe	ATTENDING	MEDICAL STAFF	1-18
F. ~ 0 0 Z	1	Harry	- 13.	PHYSICIAN	DIRECTOR PHYSICIAN	1/3/3/-
OSP od b be be STA		224. PHYSICIAN'S NAME (TYPE OF		220 ADDRESS		1 1
TO HOSPITAL retained by the TO FUNERAL should be detact with the State IMPORTANT:		HOWARI	B GHEL	M.D. BON	SECOURS	HOSPITAL
Sho To	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION	
1/0/1 BP		SPECIFY			CITY OR TOWN	COUNTY STATE
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DHMH-16 25M		NAME E BARMES	ADDRESS	1 309	TE REC'D. BY REGISTRAR 756. REGI	IN APR S SIGNATURE
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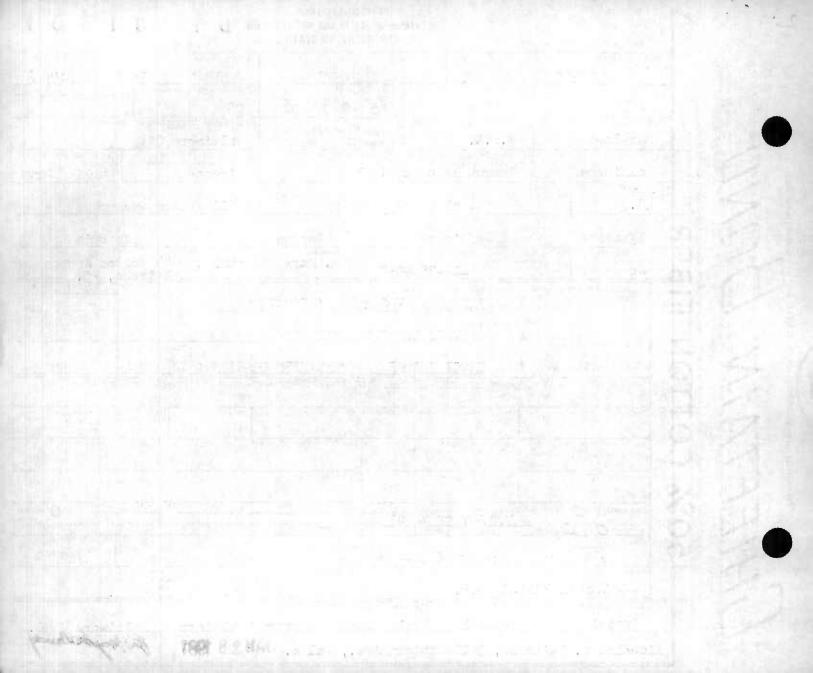
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		FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0 1 3	7 3
	-	DECEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR	2b. HOUR
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2 sh iner	14	FATHER'S NAME .		15. MOTHER'S MAIDEN	NAME		
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0	16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17, INFORMANT	ADDR	FSS	
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t o		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b)	, and (c).) +		BETWEEN	MATE INTER
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ol, cr		underlying couse lost.	((c)				
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7 10	7	19g. DATE OF OPERATION	19h CONDITION FOR WE	ICH OPERATION WAS PERFORMED	100 AUTOPSY?	20b. IF YES, WERE FINDIN	ICS LISED
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WP	1	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	51
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and in			pital) attended the deceased fro	1/20	81 . 11	22 10 81	4
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2		sow the deceased alive a above, (I) (we) (did) (did n	at) view the body after death.	, and that in (my) (our) opi	nion death accurred on the d	late and hour and from the	couses sto
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Stot	_	7	0		N DIRECTOR PHYSI	CIAN	-/-/
TA	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
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	23	BURIAL, CREMATION, REMOVA	L 236, DATE	31. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY	ST
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2 (90	24	FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAF	25b. REGISTRAR'S SHINAT	ar do
A 2/80 4)		MAME NAME NAME REPRESENTED PRO	AOORE 1211 C	55	JAN 2.9 1981	puppappas	7
		HOPAIM F. 150	134 Y	IU CHIDALAR			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE B FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH L DECEASED NAME TYPE OR PRINT! JANUARY 22, 1981 FELIX WOJCIEHOSKI B:066. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEX 4 RACE S DATE OF BIRTH Male White 02 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED [12b. KIND OF BUSINESS OR CCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Church Home Hospital Public Service Baltimore Fireman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Baltimore 6716 Boston Avenue YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Ignatius Wojciehoski Regina Astopia ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Mary Pietruski, 6704 Boston Avenue (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-38-9959 Paltimore APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) INFERIOR MYOCARDIAL INFARCTION DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF GASTROINTESTIONAL BLEEDING Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CARCINOMA OF PANCREAS WITH EROSION INTO DUODENUM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JANUARY JANUARY 220.1 certify thor (this hospital) attended the deceased from JANUARY 81 sow the deceased alive on JANUARY 22 obove (1) (we) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE 226. SIGNATURE 1/22/81 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS . CHASE STREET d b EDWARD M. MILLER, M.D. 23d LOCATION 230. BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial 1-24-81 Holy Rosary Cemetery Baltimore Baltimore Md. BY REGISTRAR 25b. RECI 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Nicholas T. Matthews, 3021 Eastern Ave. Balto. JAN (VRA 15, 4)



injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		8	REG. N	0	1	9	0	2		
LE	LAST	20 C	OATE OF	DEATH	MONTH	DAY	YEAR	26 HC	UR	۰
	LIOT TO		,							

	1-	STATE REGISTRAR			VEF		ICATE OF DEATH	REG. I	NO.	1 /	0 4
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	litter		THEL	JULIA	A W	OLF		JAN- 31	1981		12:08 PM
١	1 SEX	X		RACE		5. DATE C		6 AGE (IN YEARS LAST B		IF UNGER I YEAR	IF UNDER 24 HRS
		FEMALE		WH	ite	MONTH	10 00	78	YRS	ONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FO		L CITIZEN OF		ITRY2 8	D NEVER MARRIED	BALTIMORE CITY		OF DEATH	
	1	Maryland	2111	USA		WIDOWE	4.4		ore Cit	LV	MD
J	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIND C	OF BUSINESS OR
1	1	Baltimore	1	North (Charle	s Genera	1 Hospital	TYPE OF WORK FOR MOST HOMEMA	ker	INDUSTRY	
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		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT	ADDI	RESS		
	ı i	No	(11 123, 5112	TAR OR DATES!	213-0	7-8980	Richard S.	Wolf	Same		
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	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT		PEINJURY M. MONTH M.	DAY YEAR		JRRED (ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT (OR PART 2)	
	MED	21d. INJURY OCCUR! WHILE NOT WI AT WORK AT WO		21e. PLACE		FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a.l certify that (I) sow the decease above, (I) (we) (c	ed olive on_	VAN.	31	19 <u>8/</u> .or	U - 7 , 19 8 ; id that in (my) (our) apinio	, , , ,	3/ , 1 dote and hour	ond from the	
	3	226. SIGNATURE	gera	Some	-		DEGREE ATTENDING PHYSICIAN		AFF ICIAN	22c. DATE	31-81
		22d. PHYSICIAN'S NA		PRINT) 4 - SOAA	RES		N. CHARCES	GEN. HOSP.	BACT.	MD. a	21218
	23o. B	URIAL, CREMATION, SECURY) Burial	REMOVAL	Feb. 3	.1981	23c NAME OF C	EMETERY OR CREMATORY Faith	Overtea.	Balto	COUNTY O	Md. STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.

Balto., Md.

6500 York Rd. BOAE RECHE TEGISTER THE WAR SCIENATURE

1522 ally lines. Town business of the con-

Michigan car, inc. imito. d.

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23g. BURIAL CREMATION REMOVAL

Burial

(SPECIFY)

23b. DATE

Funeral Home

-29-81

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO George E. 2a DATE OF DEATH MONTH 2h HOUR DECEASED NAME (TYPE OR PRINT) 8 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HOS AONTHS DAYS HOURS male 25, 1897 April BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Maryland USA Baltimore City WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Balto.
County Govern. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) North Charles General Hospital Baltimore Hiway Labor USUAL RESIDENCE (IF NURSING H. ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
132 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1346 Gooseneck Road 21220 Maryland Middle River NO 3 YES 🗌 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 23 Mary Isabella York Charles George Wolff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 40 6925 Emma M. Wolff, wife Same 18 CAUSE OF DEATH (Enter only one cause per line for) (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 wary art. disc Canditians, if any, which gove rise to immediate cause (o), stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTROL IND TO WATH BUT NOT SIGNATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1/61 CERTIFICATION 70h. IF YES, WERE FINDINGS USED MI DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n: ALITOPSY IN CERTIFYING CAUSES OF DEATH? YES TH NO IT NOT 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 20 22a.1 certify that (1) (this maspital) attended the deceased from (my) (our) opinian death occurred an the date and hour and from the causes stated sow the deceased alive on. abave, (Wwe) (did) (did not) wew the body after don't 22c. DATE SIGNED 226. SIGNATURE MATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICTAN'S NAME (TYPE OR PRINT) 17e: ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

1407 Old Eastern Ave AN

23d. LOCATION

So, DATE REC'D, BY REGISTRAR 256 SISTRAR"

Baltimore County, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

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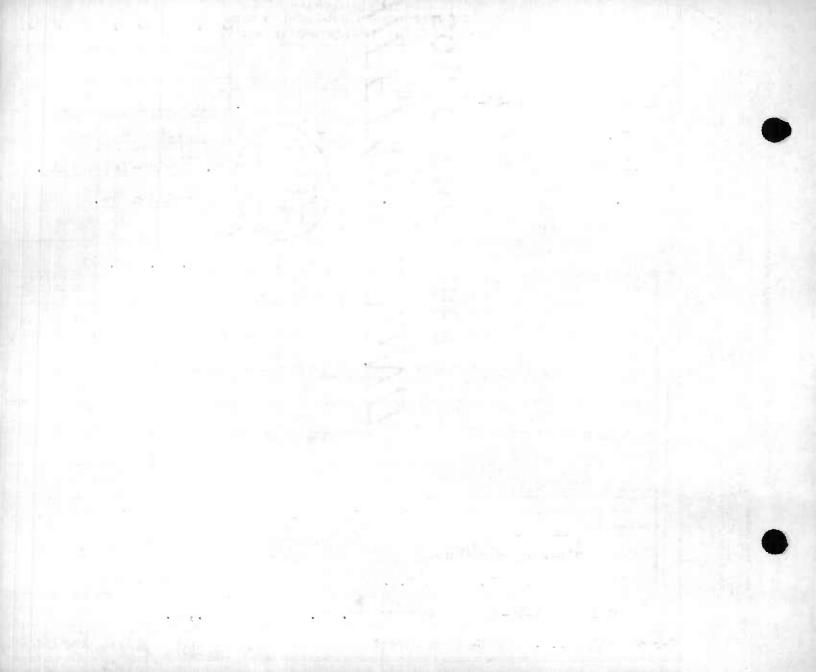
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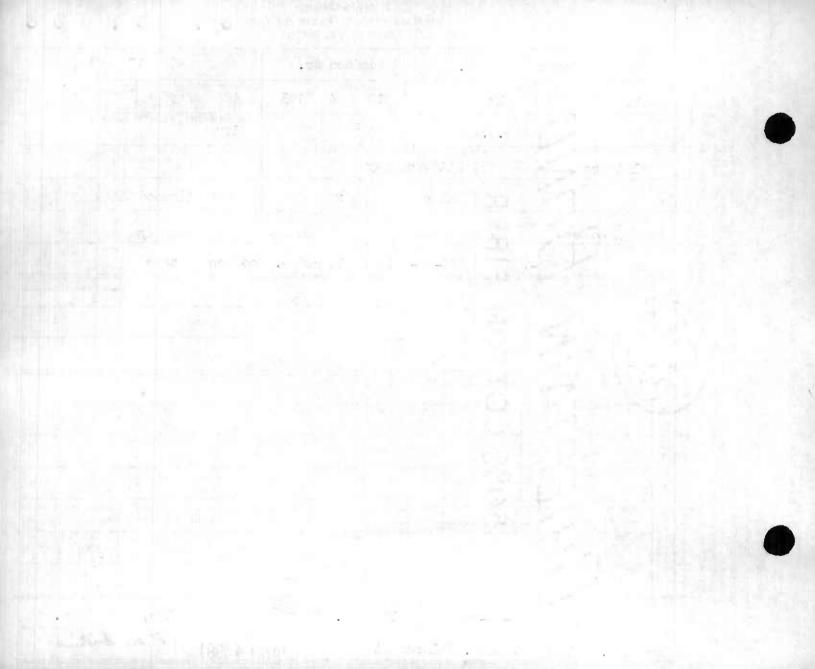
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO C) ON 1. DECEASED NAME 20 DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) CHARLES WOODRIDGE W JANUARY 1. 1981 8:10PM 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 19 1897 MALE BLACK 10 70 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA USA BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION

1720. KIND OF BUSINESS OR
170F.OF WORK FOR MOST OF WORKING UFF)
1NTERIOR DECORATOR—EMPLOYE 12a USUAL OCCUPATION JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 3005 MON BALTIMORE MARYLAND YESX MONDAWMIN AVE. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE DANIEL WOODRIDGE SARAH ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 217-01-5305MODELLE L. WOODRIDGE 3005 MONDAWMIN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY antro cerebral remorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JONIOL 220 certify that (1) (this haspital) attended the deceased from_ 10 81 sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady offer death 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. should be a with the Sta 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS GOIN BUR. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY ENTOMBLENT BALTIMORE COUNT 1-6-81 MEMORIAL PK BP DHMH-16 30M 2/80 E. NUTTER 3035-37 W. NORTH AVE (VRA 15, 4)

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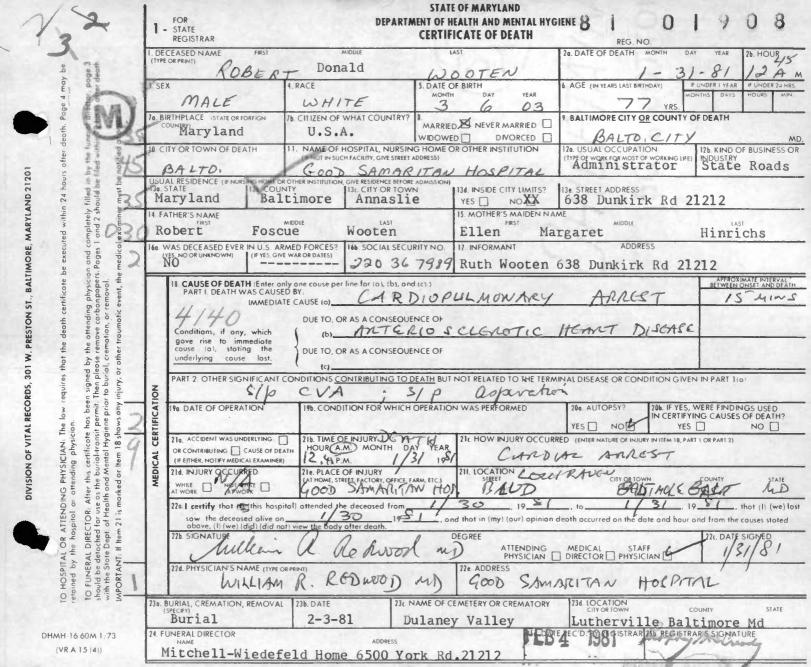
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT AAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND		EXAMINER'S N	NAME Virg	ginia L. I	olan	, M.D.		_ADDRESS_			111 P	enn S	Stree	et		
	BAZZZZZ	23a.B	URIAL, CREMAT	ION, REMOVAL 2	1-10-81		NAME OF CE rbutus			ORY	Balt	o., Md		COUR	4TY	ST	ATE
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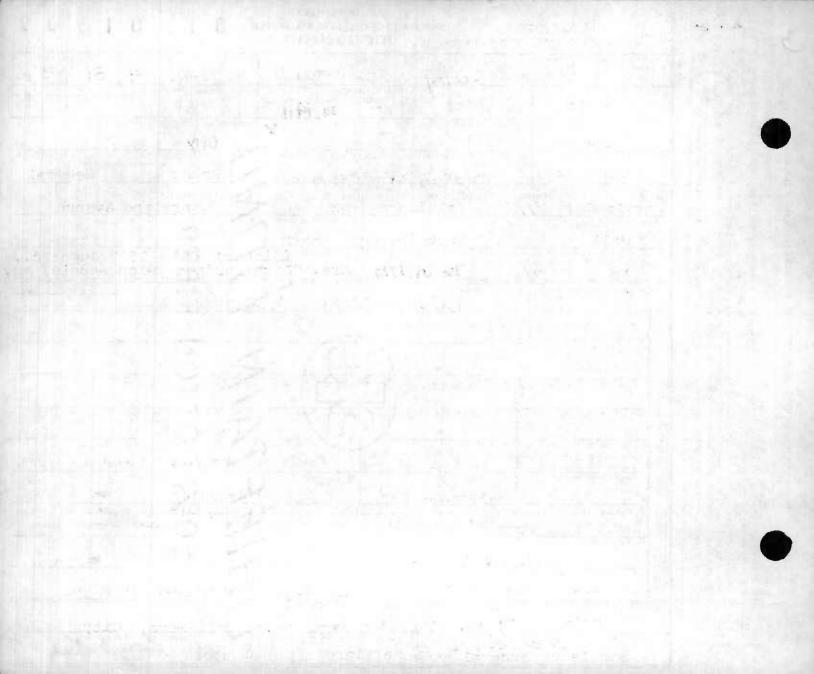
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) ESTI-M Cabel1 Woodward DEATH MATED 81 19 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER I YR IELINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED ma1e white DEAD 2319 81 9:17 1.902 TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. AND 3 h. RETAIN PAGE * LLD BE FILED. W. P Va. Baltimore City WIDOWED [DIVORCED B CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Baltimore Advert. Execut Newspaper Bellemore USUAL RESIDENCE (IF IN NURSING, OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIL) 13. STREET ADDRESS
118 Bellemore Rd. 1131 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. Md. YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Miller Cabell Woodward Marv 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? 063-09-6810 W.M.C. Woodward Balto. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE D RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Carcinoma of larynx 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE VICTORIE, WRITING THE VICTORIE FORWARDED TO THE CHIE TORE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF VICTORIE TO BE USE TO BURLING T YES NO XX 710 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH The PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 XX 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Homicide Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) ACTUAL 1/24/81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 PennStreet, Balto. MD 21201 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 73r NAME OF CEMETERY OR CREMATORY STATE Balto Cremation Greenmount Md ACCORESS 4905 York Rd. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR **DHMH-17** Henry W. Jenkins & Sons Co., Balto., Md. VR A15 ME (5)

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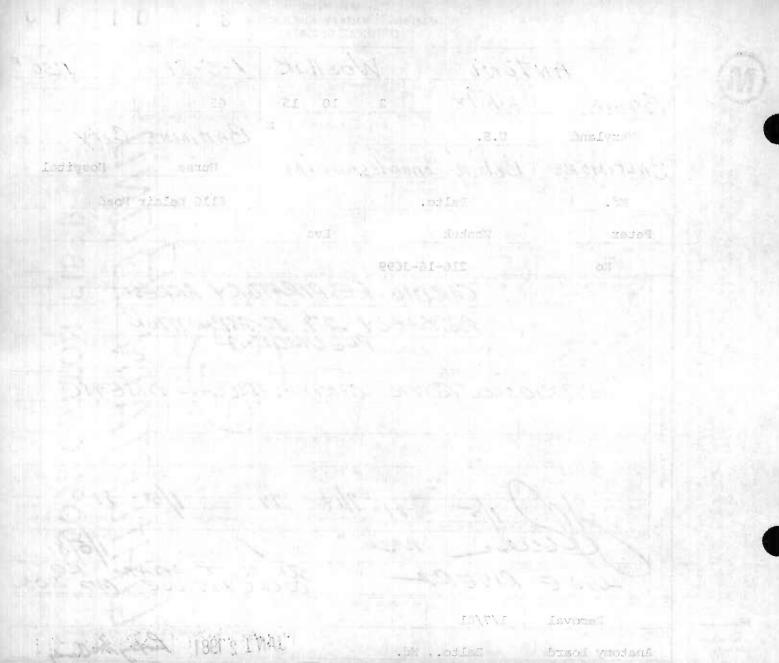


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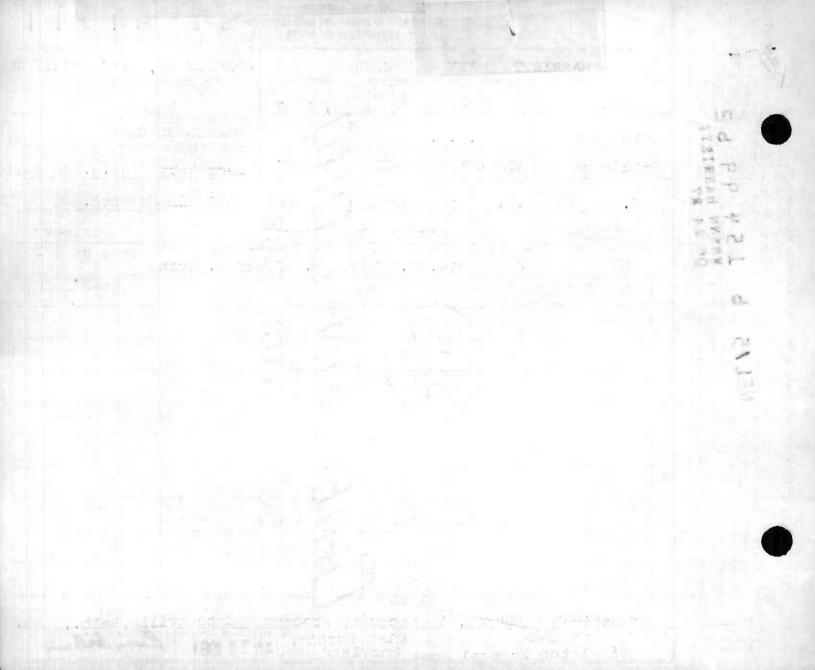
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DHMH-16 30M 2/80	24, FI	JNERAL DIRECTOR	SIlvicena / G	len Burnie, 250	DATE REC'D. BY REGISTRAR 256 GIS	
(VRA 15, 4)		Singleton	Funeral Home	Maryland	AN 8 1981	my/moundy



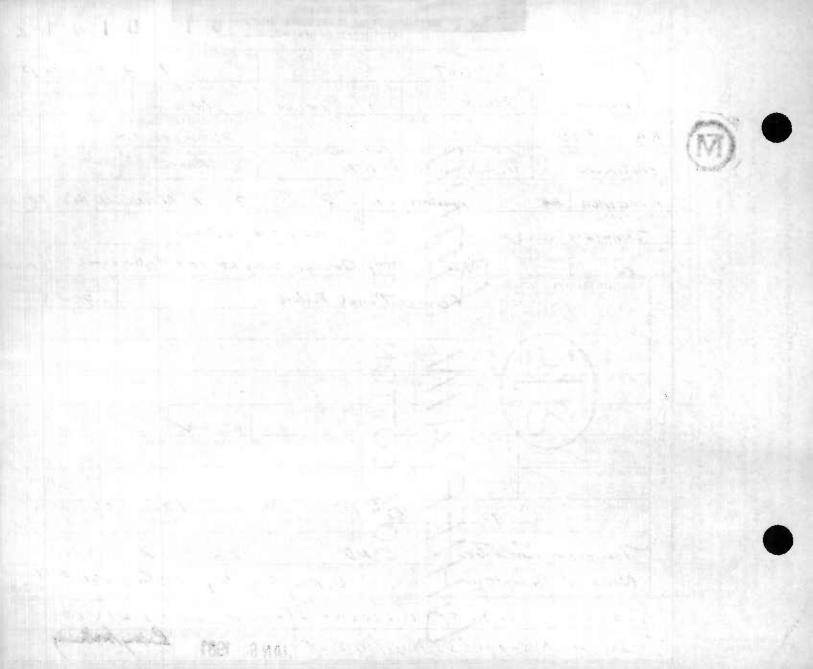
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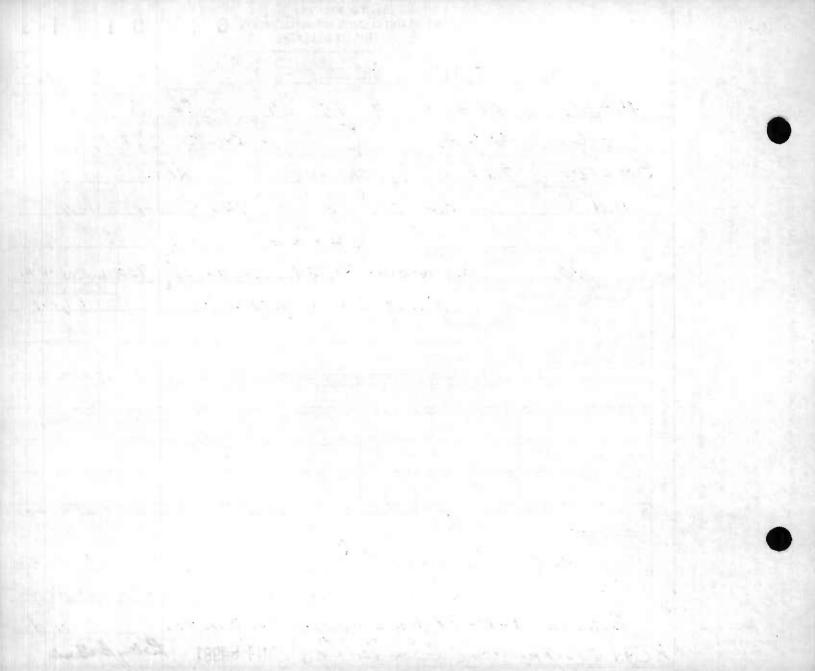
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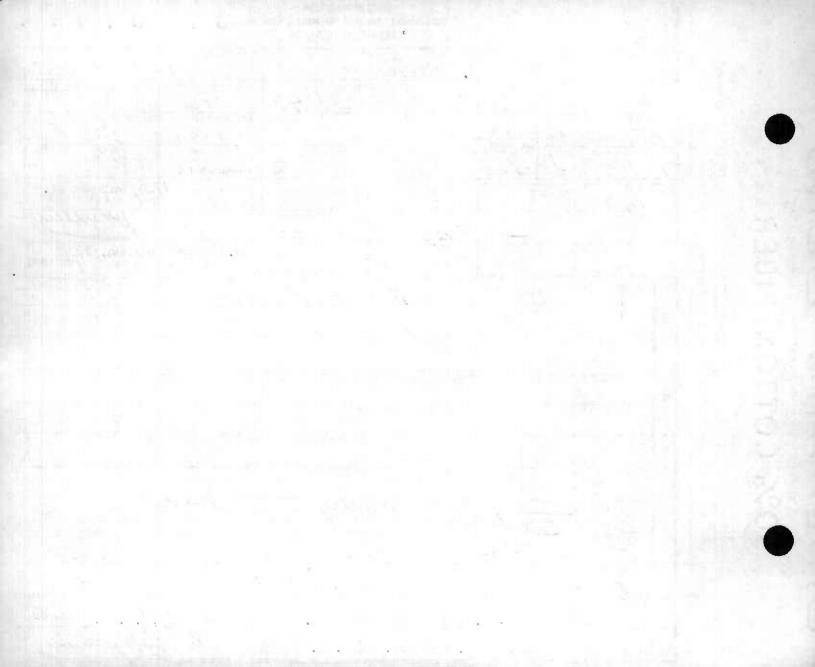


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OR ATTENDING OR ADDING OR DIRECTOR: A cached for use of Dept. of Health	sow the dec	eosed alive an	attended the deceased from	DEGRE		death accurred an the d			
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTO	ree p/a	larges 63 golfen	g./mn	SA JAN	9 1981	BAY	Andle	9

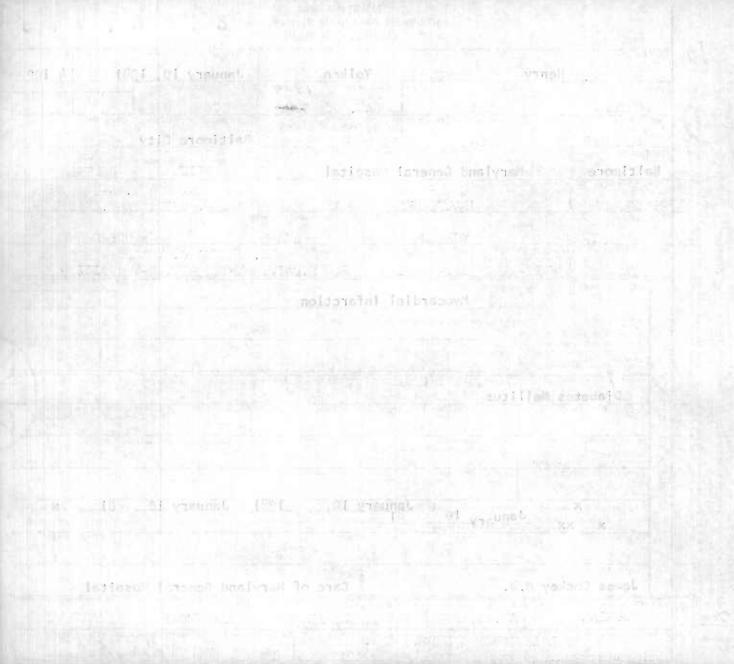


7	1	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	1913
o e o c		CEASED NAME FIRST E OR PRINT)	WESLEY	WRIGHT	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 4 moy	3. SE	The state of the s	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 9 15 04	6 AGE (IN YEARS LAST BIRTHDAY) 16 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Geoth Po		IRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CI	OF DEATH MD.
by the fulled with		BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	GHOME OR OTHER INSTITUTION (DRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
in 24 hou y filled in thould be permust be	13a	md. 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOWN	YES NO 1	130 STREET ADDRESS 722 E. NOR	Th Ave.
ompletel)	9	, 0	MIDDLE LAST 2	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
be execution and corresponding to the medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUI WAR OR DATES) 363-16-0	7 -1	ADDRESS 10 WRIGHT 72	2 E. NORTH AK
g physici on poper remayal, th		PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), and D BY: TE CAUSE (a)	It see myce	loma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attendin se remove carb , cremation, ar		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE			
equires that is in a signed to the pleo to buriol, or a injury, or an in	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(D)
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offendin offer this cost the burked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: At red for use opt of Healthean 21 is man		sow the deceased alive on	tol) ottended the deceased from //> 19 8	Marcla, 19 St. , and that in (my) (aux) opinion	deoth occurred on the dote and hou	,, (., (., ., .,
the har I DIRI		276. SIGNATURE	Fredman		MEDICAL STAFF DIRECTOR PHYSICIAN	1/14/8/
TO HOSPITA TO FUNERA should be di with the Sto		22d. PHYSICIAN'S NAME (TYPE'S	Friedme	22e ADDRESS 1205 Y	ork Rd, Lutt	ers/le, Md 2109
908BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-19-81 K	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALTO.	LOUNTY STATE md.
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	UNERAL DIRECTOR	44 Itame ADDRESS B		TE REC'D, BY REGISTRAR 256, BUGIST	RAR'S SIGNATURE





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 28 DATE OF DEATH MONTH DECEASED NAME 7h HOUR (TYPE OR PRINT) ARCHIE 01/07/81 YOUNG 3 5EX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5 DATE OF SIRTH FUNDED 24 HD Male Black 25 10 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S.C. USA WIDOWED DIVORCED [BALTIMORE CITY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1313 Kenhill Avenue Marvland NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Hattie Kellv Young ADDRESS IAR WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 247-05-3433 Alice C. Young 1313 Kenhill Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 17/80 RECORDS, 201 W. PRESTON ST., BRADICARDIA IMPOTENSION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 12/31 Conditions, if any, which Monkown X12 min ater gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 12(3) DRF. CHE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 ATION tor at hebridity un mhureuletim 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Hoplano Alexander) uno 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MDATE (SPECIFY) COUNTY 1/12/81 NAT. MEM. PARK Laurel Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 NAME 1401 E. North Ave (VRA 15, 4) WILLIAM C. MARCH FUNERAL HOME INC

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TATAL INDVICES

Leonard J. Ruck Inc. Baltimore, Maryland

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b. HOUR 1 45 PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CONTRACTOR 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrical Repairs MIDDLE LAST Sommer ADDRESS Mrs. Edna B. Young APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

STATE

COUNTY

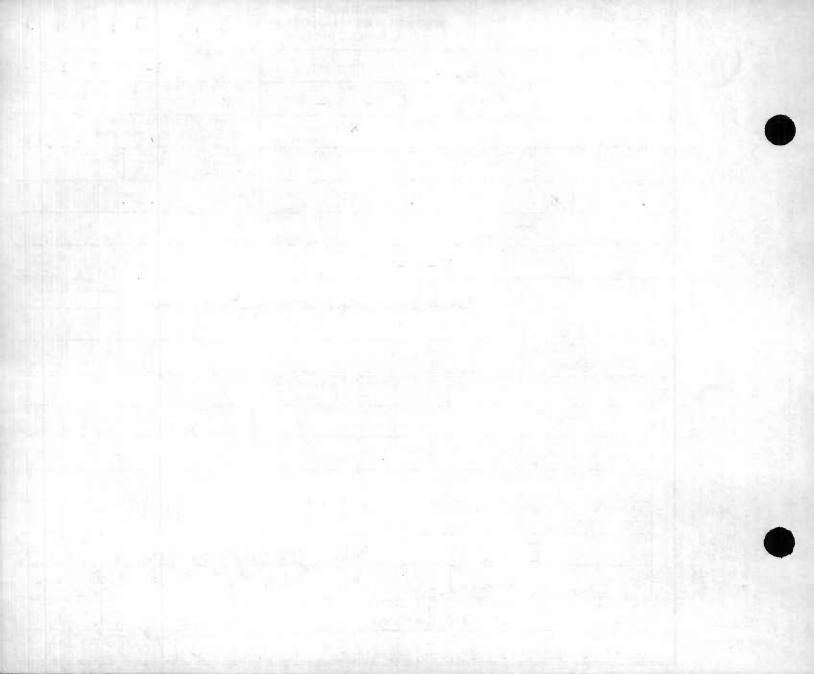
250 DATE REC'D. BY REGISTRAR 25b. RESISTEAR'S SANIATORE

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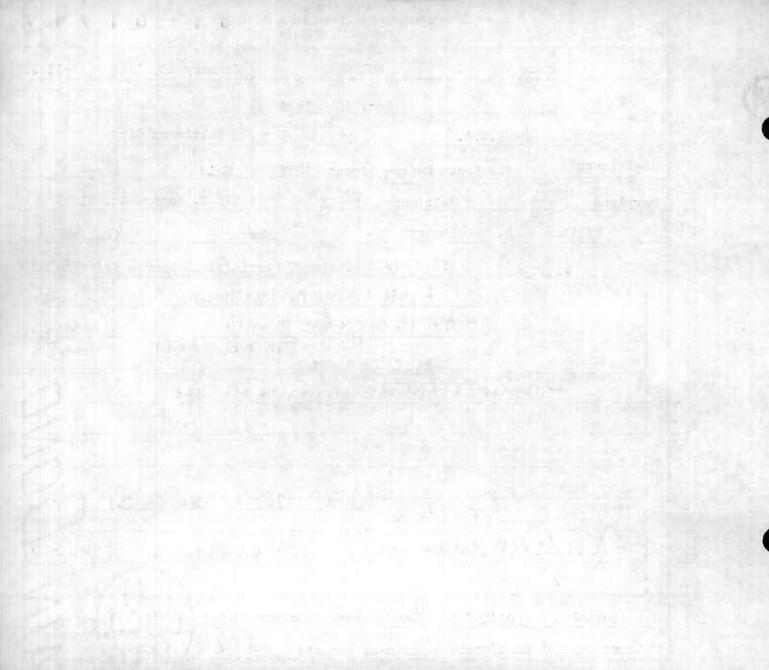
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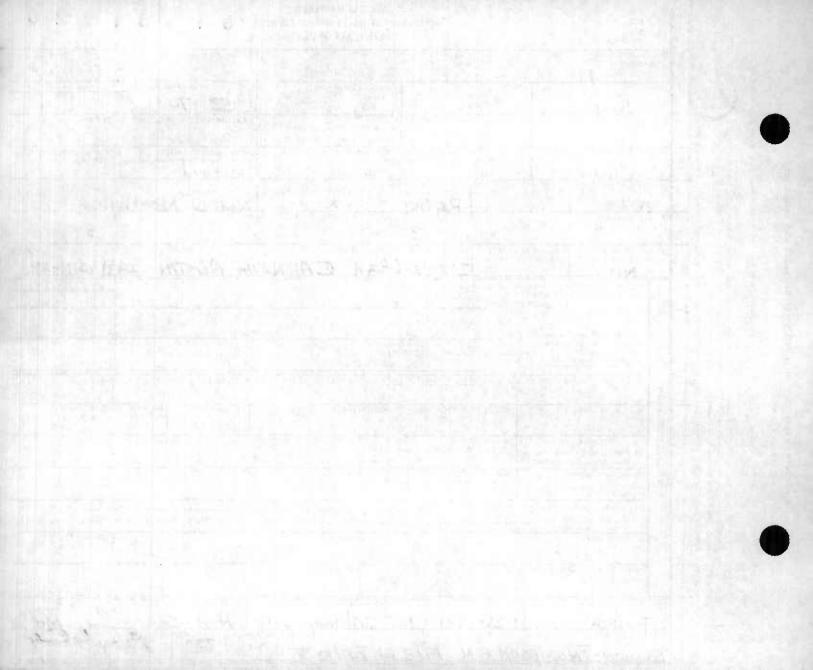
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2	FOR 1 - STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 1 0 1 9 1 9					
	REGISTRAR	WIDDIE	CERTIFICATE OF DEATH	REG NO.					
6 £	(TYPE OR PRINT)	ace M.	YOUNG	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR					
de de de	3 SEX	I4. RACE	5 DATE OF BIRTH	January 23, 1981 11:32P _M					
offer.	J. SEA	W. KACE	MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.					
dare dare	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Dec. 16 1900	9 BALTIMORE CITY OR COUNTY OF DEATH					
unerol ma 72 h	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED	Baltimore City					
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LAND 3	Maryland -	DUNTY 130 CITY OR TO Baltim	more YES XX NO	326 S. Monroe St. 21223					
MARYL and with	William	A. Emmart	15 MOTHER'S MAIDEN NA	MIDDLE					
RE, A	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SE	TIC	Artha (Unknown)					
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N ST.		DIATE CAUSE (0)	mu evillaviz o	sound un'unus					
RESTON e death ce move corb	Conditions, if any, which		Moongestive fact	wee. Yums					
es that the death certificate be executed within 24 hours is that the death certificate be executed within 24 hours is also by the ottending physician and completely filled in by please remove carbonpapers. Pages 1 and 2 should be filled unds, cremotion, or removal.	gove rise to immediate cause (a), stating the underlying cause last		PENCE OF Kadratin	nde efects from					
		PART 2 OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
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DING or off After e as the olthor	AT WORK - AT WORK -	1	no hard 1075	7/11/2/2/					
0000	220.1 certify that (I) (this has sow the deceased alive		and that in (my) (our) opinion	to death occurred on the date and hour and from the couses stated					
OR ATTEN te hospital DIRECTOR sched for us Dept. of tem t tem 21 is	aboya, (1) (we) (did) (dif	not) view the body after death.	DEGREE DEGREE	22c. DATE SIGNED.					
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To the short of th	23a. BURIAL, CREMATION, REMOV	(1) 1021 0 177	R. NAME OF CEMETERY OR CREMATORY	In to a violation					
	(SPECIFY) Burial		Loudon Park Cemetery	23d. LOCATION CITY OR TOWN COUNTY STATE					
2003 BP	24. FUNERAL DIRECTOR		lar su	Baltimore City, Maryland JERECO BY MEGISTRANS SIGNATURE					
(VR A 15 (4))	NAME	Home/Pratt & St	Balto Md 21223	AN 2 7 1981					



1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 18 HOUR 1. DECEASED NAME FIRST MIDDLE 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR MONTH DAY MONTH DA		,	Y	1-	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 1 9	2 0
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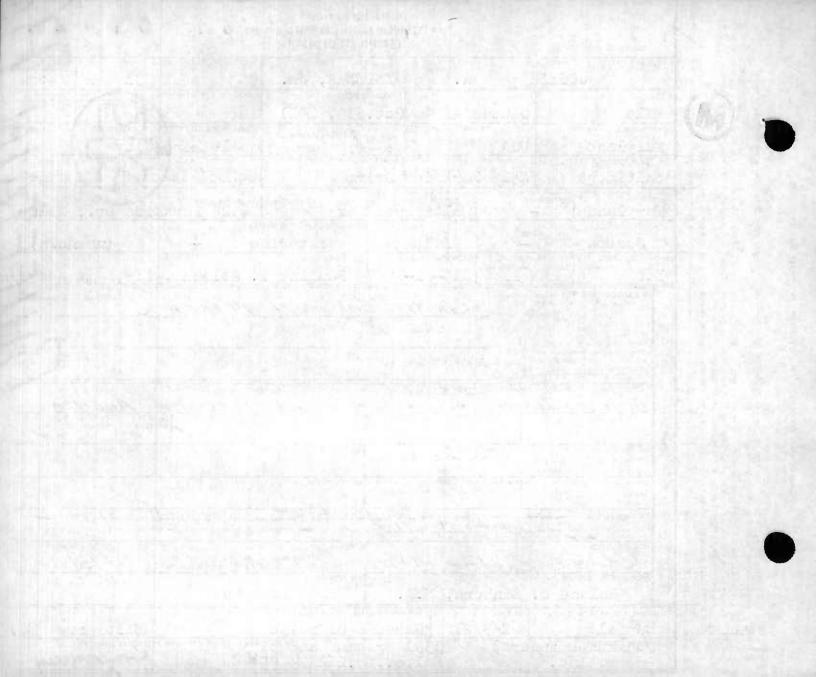
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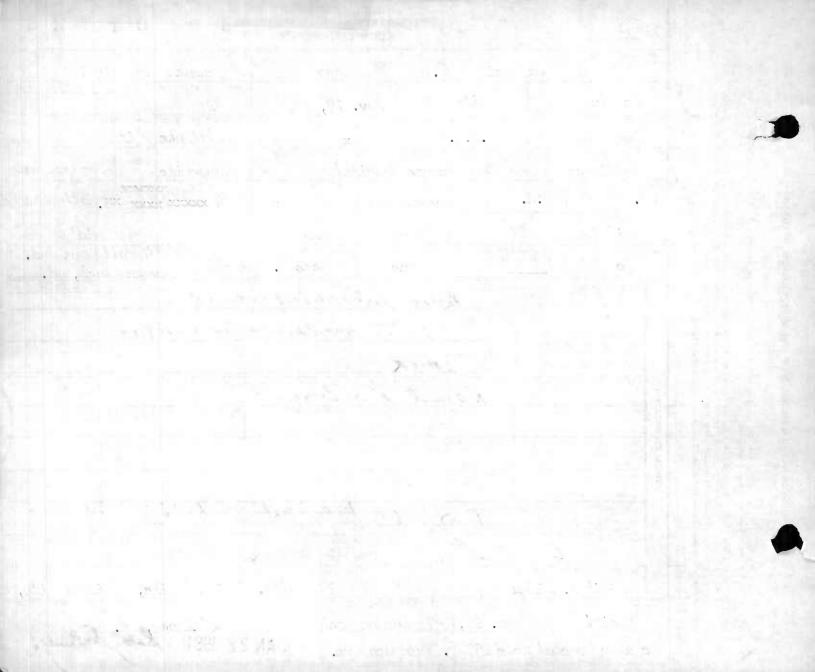
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	e poi	la BI	RTHPLACE STATE OR FOREIGN 76 (ITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	deoth.		JUD.	U.S.A. WIDOW	DIVORCED	BALTO.	CITY MD
5	by the fune filled within	10 C	BALTO,	NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	OSD.	120. USUAL OCCUPATION (TYPE OF WORL FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
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AND	hin 24 h		MD.	BALTO.	YES ON O	130 STREET ADDRESS KE	NWOOD AVE.
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	5 0		VAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS	
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	certificate b ng physicia ban papers. r remaval.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	/ • -	וומעאאע דמו	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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98.			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		· · ·	
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5, 20	Se de la Constantina	z		DITIONS CONTRIBUTING TO DEATH BUT	1	INAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
080	aw requir	TIO	CENEBRO - V	HISCULTHI ACCIDENT		20a. AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON	ws pe	CERTIFICATION	176 DATE OF OPERATION	119. CONDITION FOR WHICH OFERANC	IN WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
VITA	Z S S O F OO	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2)
Ö	4 5 5 5 5 C/	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19			
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	the has the has the has to DIRECted etached the Dept.		22b. SIGNATURE	les Oxlo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
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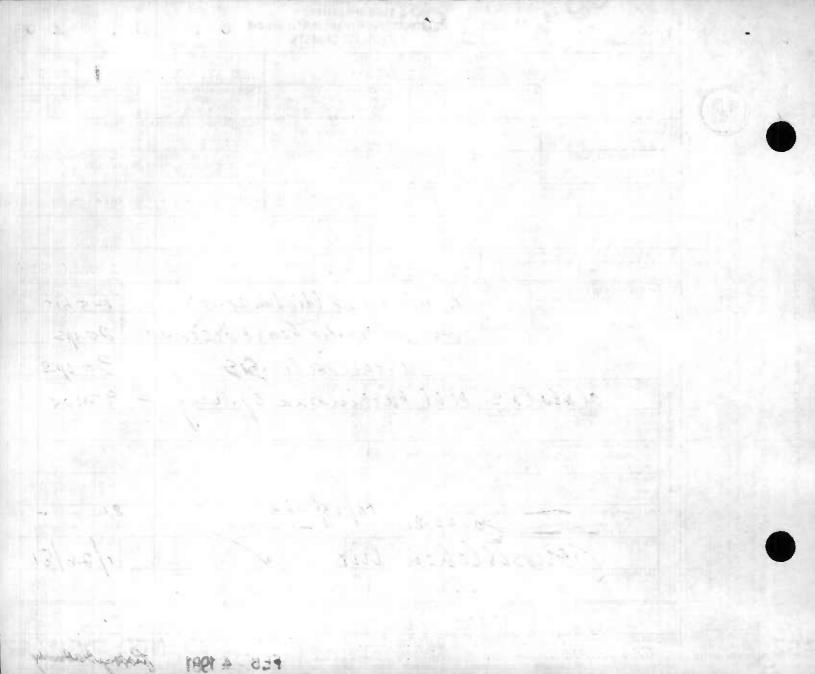
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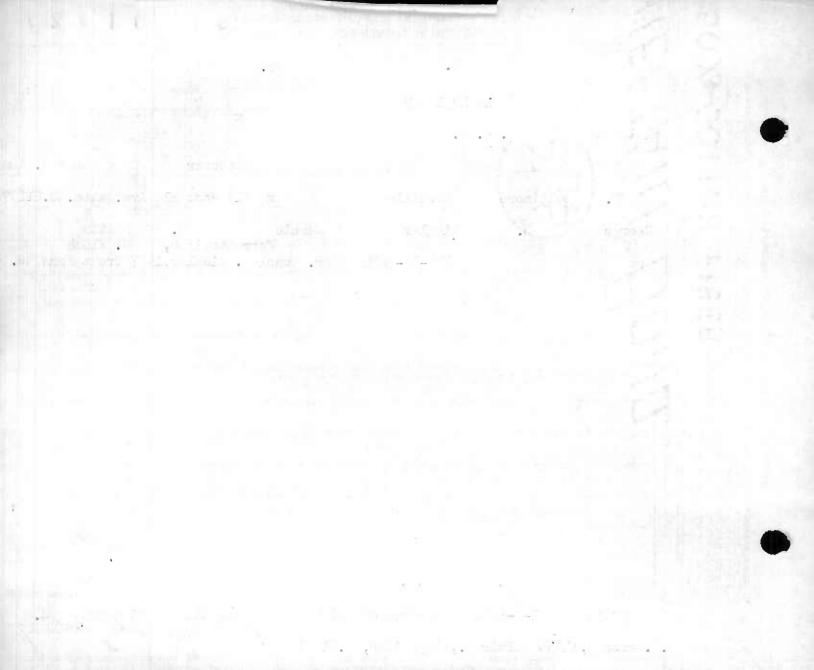


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n signed by the otten Then please remave o to burial, crematian, njury, ar other traum	NO	Conditions, if ony, gave rise to imm cause (a), statin underlying couse PART 2. OTHER SIGN	nediote g the last.	(b)	R AS A CONSEQUI	NCE OF	MOT RELATED TO THE TERM				a¹
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ECTOR:		226.1 certify that (1) sow the decease obove, (1) (we) (d 22b. SIGNATURE	d olive on_		17 19		d that in (my) (our) opinion	death occurred on the de	ote and ho	ur and from the	
ERAL DIR e detache State Dep			A-1	0.51	Cev.	22		MEDICAL STAI	F IAN []	22c. DATE	SIGNED
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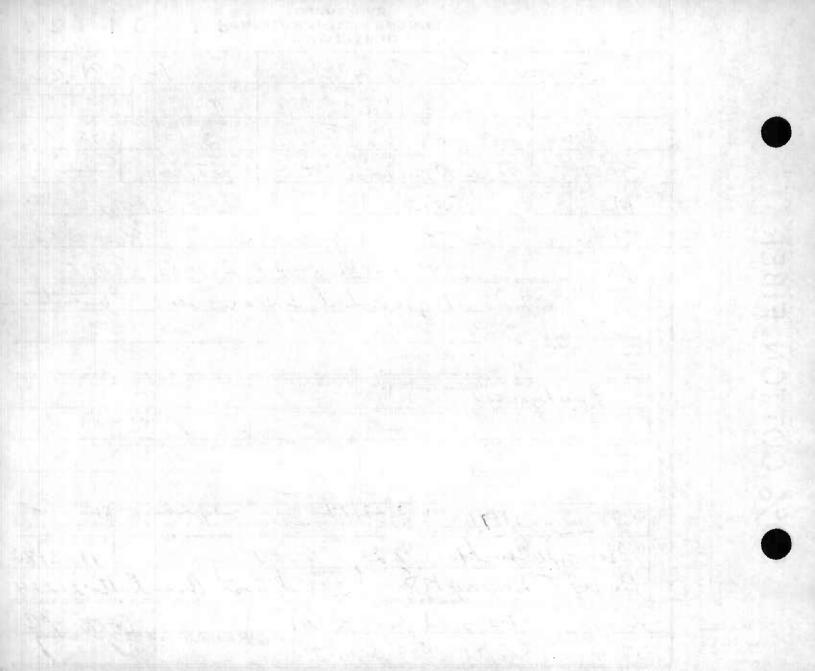


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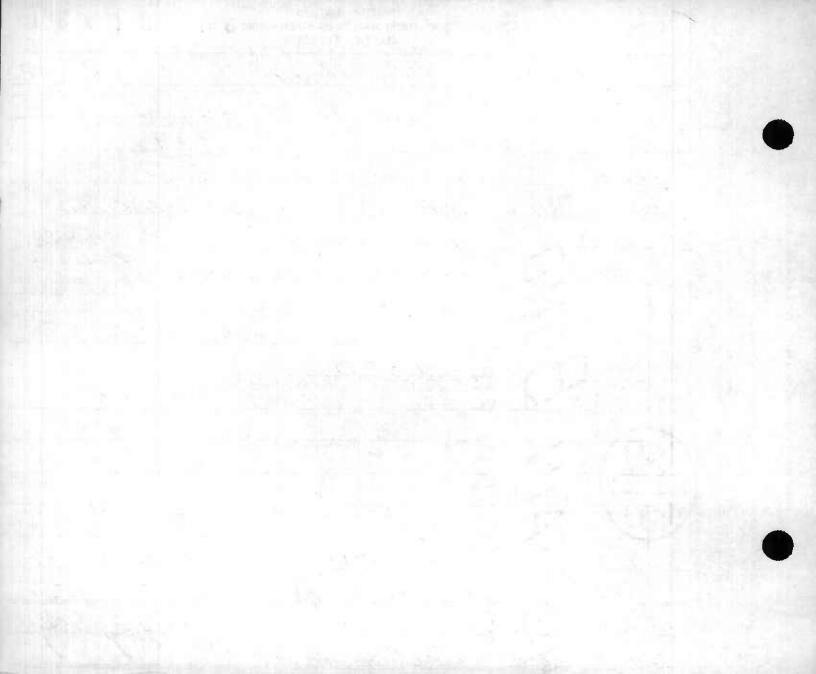


		STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 OF 29 STATE CERTIFICATE OF DEATH REG. NO.
oth oth		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR E OR PRINT)
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- 5 C 4		IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 5 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)
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bee mit.	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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OR he he ache ache Dep	93	saw the deceased alive an 19.85, and that in (my) (see) opinion death accurred on the date and hour and from the causes stated above, (I) (mol (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING ATTENDING PHYSICIAN DIRECTOR DIR
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TO TO Share	23a	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITYOFTOWN
DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR 250. DATA NO BY RESIDENCE AND RECEDIAR PRODUCTION OF THE PROPERTY OF THE PROP
(VRA 15, 4)	_	THE MAC T KAOM TODES 9 / JAMES ST.



	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	01930
1		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR IN HOUR
		Maren				1 16 81 95
3	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF IPPER THEM IF UNDER SEINITE ACCUPATE SAIS HOUSE MAIN
5.35	Ze B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	12 23 40	O BALTIMOPE CITY C	YRS. PR COUNTY OF DEATH
35		country) Ind,	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Both C	TO SALA
38	10 0	AH M. CC	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT	
35	USU 13a.	STATE 130 OU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13. STREET ADDRESS	& Village Ct
21	14. F	ATHER'S NAME	MIDDLE LAST 6	15 MOTHER'S MAIDEN N.	04.00	LAST, Nevi
51		ERIC	N 21	e Linda	<u></u>	
2		VAS DECEASED EVER IN U.S. AF YES, NO OR LINKNOWN) (IF YES, GI	VE WAR OR DATES)	0 1	e Zo R	Front Village
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or	rd (c).)	D.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE ONGCA	ITAI HEARI	Viscase	
		Conditions, if ony, which	DUBTOLOR AS A CONSEOU	ENCE OF BUR	455	
		gove rise to immediate couse (0), stating the			433	
		underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF •		
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11a
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	TE	1/16/80	Congenital	Houst Disease	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 110115 1 11011511	AY YEAR 21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	PARM, ETC.)	CITY OR TO	WN COUNTY STATE
		22a I certify that (1) (this hosp	ital) attended the deceased fram_	1/16 19 81		, 19 8 , that (I) (we) la
		saw the deceased alive or	. 1 / 1	% / , and that in (my) (our) opinion	death occurred an he d	ate and hour and from the causes stated
		226. SIGNATURE	P 14	DEGREE	WEDICH CTA	22c. DATE SIGNE
		po	My Man	ATTENDING PHYSICIAN	MEDICAL STAI	
1		22d PHYSICIAN'S NAME (TYPE OF	- 1200V-TIL	220 ADDRESS	of p	12 Hospital
	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	coulty // biny
	25	DUVIAL	JAN.19, 1781 17	11 SAINTS Cein.	secs lev	STOWN, DALTO, WO
	555	Now 2 500	ADDRESS ADDRESS	a las 1/2 (1)	JUAN G. 420 KYK	ZJUREGIJI KAR Y SIGNATURE

. 6	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	1931
be eoth		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 21 21 PA
4 moy	3 SE		1 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS DNTH'S DAYS HOURS MIN
funeral dreet	Zo B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF CO	OF DEATH M
by the for filled within a notified within	10 C	ALTO	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ORTHORIZED SHARLES GEN SALESLADY	126 KIND OF BUSINESS OR
filled in ould be	USU 130.	AL RESIDENCE (IF NULL)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1724 L. ESL 14	RD.
mpletely ond 2 sh	14 F	CLAUDE	MIDDLE LAST LAST MIDDLE MIDDLE MIDDLE MIDDLE	GENNER.
ond co	160 \	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1223 212-16-6527 WILLIAM A ZIMMER MAN	LESLIE RD.
g physic onpope emovol.		PART I. DEATH WAS CAUSI	nly one couse per line for 101, (b), and 10 ED BY TE CAUSE (a) RSSP = FAILURS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or the deoth certs y the ottending p e remove Corban cremation, or rem ther troumotic ev		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF PULMONALS	
ed b		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
The equ	VIION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE ONGESTIVE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206 IF YES,	N IN PART 100
The locion. The locion. The loss is the person of the loss shows.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	YES NO YES	ING CAUSES OF DEATH?
HYSICIAN: The le riding physicion. iis certificate hos buriol-tronsit per la Mental Hygiene or Item 18 shows	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR 1 P.M. 19	G 1 ORPARI 2)
G Proportion	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
R ATTENDING hospital or o hospital or o o rector. After of the spit. of Health em 21 is marken		sow the deceased olive or abave, (I) (we) (did) (did no	ot) view the bady after death.	
Dy the hosy the hosy the hosy the hosy the hosy the hosy that Directly detached state Dept.		22b. SIGNATURE	State MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1-13-81
TO HOSPITAL OR ATTENI retoined by the hospitol or FUNERAL DIRECTOR. should be detached for us with the State Dept. of Hew MAPORTANT. If Hem 2 1 is 1		PHYSICIAN'S NAME (TYPE OF	TROBEL MD NORTH CHARLES	HOSPO
BP	6	PECHY) PECHY) PARTION, REMOVAL	1-16-81 DRUID RINGE CEM BALTO, D.	hea Willia
DHMH - 16 50M 1/76 (VR A 15 (4))	Jo	HN M.WEBI	ERTSONS INC. CHESTER. JAN 1 JAN 1988 RAR ISLANDED	AYS SIGNATURE



The second secon the first that the TAREL SEL FLISHER TOTAL AND STORY STREETS AND CORRECT

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) ROSS ZIMMERMAN 01/13/81 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR Jan. 8. 1907 YEAR Male White BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTR Penna. MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Office work for most of working life; ELEC. Baltimore JOHNS HOPKINS HOSPITAL W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 28 Church St. Penna. Mercersburg Franklin 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Gordon Cecelia Zimmerman Mrs.Kathryn Y.Zimmerman 17236 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INFARCTION PART I DEATH WAS CAUSED BY MYOCARDIAL 12 hours IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF DISGASE UNKNOWN CORONARY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE 22a. I certify that (this hospital) attended the deceased from. saw the deceased olive on ond that in (aur) apinion death occurred on the date and haur and from the causes stated above, (It (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED DIRECTOR PHYSICIAN 27d, PHYSICIAN'S NAME (TYPE OR PRINT) HOPKINS IMPORT, BALTIMORE 21205 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Smithsburg Cremat. Smithsburg WashingtonMd. 1/14/81 Cremation REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the state of	+
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Pag ad by the hosaital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire

	1			STATE OF MARYLAND		-
0	1	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL H	YGIENE 8 1 0	1 9 3 4
4		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
£ \		CEASED NAME FTOR	ence Mabel	Zittle	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
hours offer deoth		Florer		21116	JAW	6 81 2:30am
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1		Female	Caucasian	March 2,1882	98 yrs	
1000	Za B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
:34	N	laryland	USA	WIDOWED DIVORCED	Baltimore C:	
effed.	10. €	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
10/0	E	altimore	Belair Road	Convalescent C	tr. Seamstress	Clothing
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£35		Md. AA	Glen Bu:	rnie YES NO X	1412 Scanlon	Drive
mine	14 F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
\$20		Charles	Shaur	Florence	e	
2 medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
		No	212-16-9	9723 Catherine	Schiffbauer, sa	ame as 13
event, the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, #		PART I. DEATH WAS CAUSE	TE CAUSE (o) Conc	estive Hear	1 Tailer	
		4280	DUE TO, OR AS A CONSEQUE	NCE OF		The tree to the tree to
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	0	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
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ony	15	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
shaws	Ĕ					ES NO
48	l H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
9 gr Hem 18	4	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
± ö	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
morked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) SINCE	CITTORIOWIG	, STATE
a a			ital) attended the deceased from	8178 19		, 19 6 , that () we) last
21 is			Dec19	80 , and that in (ne) (pur) opinio	on death occurred on the date and ha	our and from the couses stated
IMPORTANT: If them 21 is		22b. SIGNATURE	yew the body offer death.	DEGREE		22c. DATE SIGNED
=		13.0.00	162.00	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17 Jan.81
Z	1	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	DIRECTOR THIS CIAN	117 vaire or
ORT		Howard H.	Bond	2330 Bal	dwin Mill Rd.,	Fallston
¥-	230	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATOR		
	1	Ispecify) Burial		adowridge Mem.	Elkridge, H	oward. Md STATE
		UNERAL DIRECTOR	17 0 011 0 1 110			TROP SSIGNATURE
/80		Tames S. Kir	kley.Glen Bun	250. D	JAN 2 0 1981	Troppostable only
		Como De HILL	Tey G			

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A. Alan Seitz, Jr. Tuneral Hose 3610 Holand Ave.

1	1		\		OF MARYLAND			4 5		1	
	1 - STATE		,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
	REGISTRAR			LEXAMINER	'S CERTIFICA	TE OF DEA	REG. I	TARK.			
1.00	1. DECEASED NA. (TYPE OR PRINT)		MIDDLE		LAST		20. DATE KNOWN OF ESTI-		AY YEAR	2b HOUR	
ASE JRS.		Cece	LILA		Zy1ka		DEATH MATED		17	M	
RY, PLE DIRECT DUR FII 72 HOI ON STRI	female	4. RACE 5.	DATE OF BIRTH	LAST BIRTHDAY)		UNDER 24 HRS.	PRONOUNCED DEAD		24 ₁₉ 81	8:49	
S NEGSSARY, PEASE FEUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	10. BIRTHPLACE FORUGE COUNTR	(STATE OR 7)	CITIZEN OF WHAT CO	/	AARRIED XX NEVER	MARRIED	9. BALTIMORE CITY Baltimor				
\$ # 8 # 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Baltimo		NAME OF HOSPITAL, IN NOT IN SUCH FACILITY, GIVEN THE LEGISLATION OF TH	URSING HOME, OF	OTHER INSTITUTION	N 12a. USU FOR	JAL OCCUPATION (1 MOST OF WORKING LIFE) Punch Ope		OR INDUSTR	SINESS	
21201 F ANY DEL AND 3 TO REFAIN B PHOULD BE RECORDS,	USUAL RESIDENCE 130. STATE	TISE COUNTY		NCE BEFORE ADMISSION) ITY OR TOWN en Burnie	13d. INSIDE CITY L		EET ADDRESS	Path, G.	B M	way	
MD. 2 H. IF M. 3. N. 3. N. 3. ITALR	14. FATHER'S NA		192	er parone		MAIDEN NAME			Dol' M.		
m ANGEN)	D Holl	y ,	B.	follison	Ma	inganet	WIPPLE		Donlan		
TIMORI TER DE FORM SES I AI ION OF	160. WAS DECEAS	ED EVER IN U.S. ARMEI		OCIAL SECURITY NO	D. 17. INFORMAN	NT T	ADDRE	SS			
L., BALTIMORE, UNS AFTER DEA B. GIVE PAGES WITH FORM P. TT. PAGES 1 AN DIVISION OF W	(YES, NO, OR UNK	0	21	7-50-9240	Mr. Thon	nas W.Zy	Ika, Same o	s above			
: 56310	18 CAUSE PART I	OF DEATH (Enter only of DEATH WAS CAUSED B	ne couse per line for (a),						APPROXIMATE BETWEEN ONSET	AND DEATH	
CON ST., 24 HOUR ITEM 1B. LONG W PERMIT. GIENE, D	- 61	IMMEDIATE (-AUSL (0)	ple injur	Les						
LEST IN ANOWOOM	Condit	ions, if ony, which	DUE TO, OR AS A C	DN2EQUENCE OF				97			
MATAL RANGIE	gove	rise to immediate o) stating the under-	(b)				25 115				
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BUVISION OF VITAL RECORDS, 201 W. PREST S CRTIFICATE SHOULD BE EXECUTED WITHIN 2 RTING THE WORD "PENDING". IN PENCLI IN 1 RED TO THE CHIEF MEDICAL EXAMINER AL RED SHOULD BE USED AS A BURAL. TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HYCO OF PRIOR TO BURAL, CREMATION, OR REMO		SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT R	ELATED 10 THE TERMINAL	OISEASE OR CONDITION GIV	/EN IN PART 1 (a).					
RECO LD BE PENDI MED AS A	19a DATE O	OF OPERATION	119h CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	D?		12	0 AUTOPSY?	,	
SHOUL ORD "F CHIEF E USED URIAL	NO DATE O								YES X	(HO)	
OF V REWOOD BE	21e. EXTERI	AL CAUSE WAS	216. TIME OF INJURY		It. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)			
DIVISION OF THE CERTIFIC TE, WRITING THE RWARDED TO THE PAGE 3 SHOUL STATE DEPARTA	UNDERLYIN CONTRIBU 21d INJURY WHILE	NG OR TING CAUSE OF DEA	7:49 P.M. 1	/24 1981		in mult	iple auto	collisi	on/eje	cted	
VISI VISI 3.54 PRI	21d INJURY	OCCURRED	21e PLACE OF INJU STREET, FACTORY, FAR		If. LOCATION STREET	201	CITY OR TOWN	COUNTY	STEEL	STATE	
WRI WARE VAGE 212012	AT WORK	O AT WORK XX	roadway		Rt 170/Sou	th of S	toneyRunRd	, A	A Co.	MD	
DIVISION OF VI BIVISION OF VI CATE, WRITING THE WO OR, PAGE 3 SHOULD BE HE STATE DEPARTMENT NO. 21201 PRIOR TO BE NO. 21201 PRIOR TO BE	220. I ce	rtify that I took charge o	f the remains described o	bave, held an	Autopsy XX (He	adQnLy)	Inquiry ,	ond in my opinio	n		
NA FINANCIAL STATES	death resu	ilted from:	outes . Accide	nt XX Suicide	Hamicide	Undet	ermined manner],			
DIVING MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	ACTUAL	JH.	MAG)	TITLE (SPEC			DATE	1/25/8	1	
DICA TE TH TE TH SHC NERA NORE,	SIGNATUR		/		M.D. 155	WED	ICAL EXAMINER	SIGNED_			
O ME XECU VATER VALTIN	EXAMINER (TYPE OR P	RINT) HO	rmez R. Gua		ADDRESS		n Street	Balto.	MD2120	1	
F05749	23a. BURIAL, CREM (SPECIFY)	ATION, REMOVAL 23b.		11 1 6	RY OR CREMATORY	CITY	ORTOWN	COUNTY		ATE	
BP	24 FUNERAL DIR	Surial Ja	in. 28, 1981	Holy (no)		DATE REC'D. BY	eltimore,	PRINTER!	VATURE		
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